How to Contact Us or Make a Plan Change

Go Online
Make a plan change by visiting **summacare.com/planchange** or print a plan change form.

Call Us
Learn more about your benefits and discuss your options by calling **330.996.1965** (TTY **711**) or (toll free) **866.262.4410** (TTY **711**) and we will do the paperwork for you.

Mail Us Your Paperwork
Send your completed plan change form to:

SummaCare Medicare Advantage
P.O. Box 3620
Akron, OH 44309-3620

SummaCare's Network Reaches YOU

Cleveland Clinic · Summa Health · University Hospitals · Aultman · Firelands Health · Crystal Clinic Orthopaedic Center · MercyHealth · Fisher-Titus Medical Center · Lake Health · ProMedica Memorial Hospital · MetroHealth · NOMS Healthcare · The Bellevue Hospital · Southwest General · Western Reserve Hospital

And more!

Dental coverage provided through Delta Dental.

Why should I pay a monthly plan premium?

By paying a higher premium, you pay less for medical services in the form of no to low copays

- Do you have specialists you visit more than once a year?
- Do you have a chronic condition where you have lab work done several times a year?
- Are you planning a hospital visit for things like joint replacement or some other surgical procedure?
- Do you want the ability to go out-of-network and see any Medicare-approved provider?
- Do you want to pay less out-of-pocket at the time of care, whether you are planning a hospital visit or have a chronic condition?

If you answered "yes" to any of these questions, you might benefit from choosing a plan with a monthly plan premium including:

GARNET (HMO) · RUBY (HMO) · SAPPHIRE (HMO-POS) · EMERALD (HMO-POS)

SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. Other providers are available in our network. 97% retention rate based on 2025 AEP voluntary disenrollment study completed by SummaCare. SummaCare Medicare Advantage plan members shown. Members were not compensated for their appearance. This information is not a complete description of benefits. Call 888.464.8440 (TTY 711) for more information. Benefits may vary based on plan selected and county availability. From October 1 through March 31, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., seven days a week. From April 1 through September 30, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., Monday through Friday. Outside these hours, you may leave us a message and a representative will return your call the next business day. Part D prescription coverage not available on Amber (HMO) plan.
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Plans Availability by County

SummaCare® Health Insurance

	TOPAZ (HMO)	QUARTZ (HMO)	GARNET (HMO)	RUBY (HMO)	SAPPHIRE (HMO-POS)	EMERALD (HMO-POS)	AMBER (HMO)
Allen				●	●		
Ashland	●	●		●	●		
Ashtabula	●	●		●	●	●	
Auglaize					●		
Carroll	●	●		●	●	●	●
Columbiana	●	●		●	●	●	●
Cuyahoga	●	●	●	●	●	●	●
Defiance					●		
Erie	●	●	●				
Fulton	●	●		●	●		●
Geauga	●	●	●	●	●	●	●
Hancock				●	●		●
Henry					●		●
Holmes	●	●		●	●		●
Huron	●	●	●	●	●		●
Lake	●	●	●	●	●	●	●
Lorain	●	●	●	●	●	●	●
Lucas	●	●		●	●		●
Mahoning	●	●	●	●	●	●	●
Medina	●	●	●	●	●	●	●
Mercer					●		●
Ottawa	●	●	●		●		●
Portage	●	●	●	●	●	●	●
Putnam				●	●		●
Sandusky	●	●	●				
Seneca	●	●	●	●	●		●
Stark	●	●	●	●	●	●	●
Summit	●	●	●	●	●	●	●
Trumbull	●	●	●	●	●	●	●
Tuscarawas	●	●		●	●	●	●
Van Wert					●		●
Wayne	●	●	●	●	●	●	●
Wood	●	●		●	●		●

SUM-25-77686/RH/09-25

SummaCare® Health Insurance

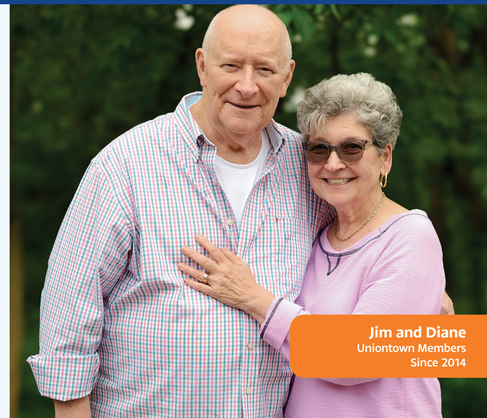
2026 Medicare Advantage Plans

Member Plan Comparison and Benefit Highlights

97% of members who join, stay!

Discover the annual SummaCare Medicare Advantage benefits our members love

Scan to learn why members like Jim and Diane love their Medicare Advantage plan!



Benefits/Services	Topaz (HMO)	Quartz (HMO)	Garnet (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)	Amber (HMO) 1 & 2
Core Medical Coverage							
Monthly Plan Premium / Medical Deductible	$0 / None	$0 / None	$35 / None	$50 / None	$83 / None	$157 / None	$0 / None
Out-of-Pocket Maximum (in-network services only)	$4,300	$3,950	$4,800	$3,600	$3,650	$2,800	$3,450
Primary Care Provider / Specialist Office Visit	$0 / $35 copay	$0 / $30 copay	$0 / $40 copay	$0 / $35 copay	$0 / $35 copay	$0 / $0 copay	$0 / $30 copay
Inpatient Hospital Stay	$375 copay/day for days 1-6. $0 copay after day 6	$325 copay/day for days 1-6. $0 copay after day 6	$346 copay/day for days 1-6. $0 copay after day 6	$260 copay/day for days 1-6. $0 copay after day 6	$240 copay/day for days 1-6. $0 copay after day 6	$205 copay/day for days 1-5. $0 copay after day 5	$250 copay/day for 1-5. $0 copay after day 5
Outpatient Hospital Facility / Ambulatory Surgical Center	$340 / $290 copay	$310 / $270 copay	$340 / $290 copay	$250 / $200 copay	$210 / $170 copay	$190 / $150 copay	$250 / $200 copay
Outpatient Labs / X-Rays	$0 – $10 / $75 – $130 copay	$0 – $10 / $75 – $130 copay	$0 – $5 / $0 – $50 copay	$0 – $8 / $0 – $110 copay	$0 – $6 / $0 – $99 copay	$0 / $0 – $75 copay	$5 / $50 copay
Emergency Care / Urgent Care*	$130 / $30 copay	$130 / $30 copay	$130 / $30 copay	$120 / $25 copay	$120 / $25 copay	$120 / $25 copay	$120 / $40 copay
Prescription Drug (Part D) Coverage (30-day supply, Preferred / Standard Pharmacies)							
Tier 1: Preferred Generic Drugs	$0 / $6 copay	$0 / $6 copay	$0 / $6 copay	$0 / $6 copay	$0 / $6 copay	$0 / $6 copay	N/A+
Tier 2: Generic Drugs	$0 / $10 copay	$0 / $10 copay	$0 / $10 copay	$0 / $10 copay	$0 / $10 copay	$0 / $10 copay	N/A+
Tier 3: Preferred Brand Drugs	23% / 25% of the cost	23% / 25% of the cost	21% / 25% of the cost	$41 / $47 copay	$41 / $47 copay	$41 / $47 copay	N/A+
Tier 4: Non-Preferred Drugs	40% / 50% of the cost	40% / 50% of the cost	40% / 50% of the cost	40% / 50% of the cost	40% / 50% of the cost	39% / 50% of the cost	N/A+
Tier 5: Specialty Drugs (Limited to 30-day supply)	29% / 29% of the cost	29% / 29% of the cost	30% / 30% of the cost	31% / 31% of the cost	32% / 32% of the cost	33% / 33% of the cost	N/A+
Tier 6 Select Care Drugs	$0 / $6 copay	$0 / $6 copay	$0 / $6 copay	$0 / $6 copay	$0 / $6 copay	$0 / $6 copay	N/A+
Prescription Drug Deductible (Tiers 3, 4 and 5)	$300	$300	$250	$150	$50	$0	N/A+
Key Supplemental Benefits – Dental Coverage through the Delta Dental®							
Dental Maximum per Year	$3,000 Includes Delta Dental PPO Network	$2,000 Includes Delta Dental PPO Network	$2,500 Includes Delta Dental PPO and Premier Networks	$2,000 Includes Delta Dental PPO Network	$2,000 Includes Delta Dental PPO Network	$2,000 Includes Delta Dental PPO Network	$2,000 Includes Delta Dental PPO Network
Preventive Dental Benefits (2 cleanings, 2 exams, 1 Fluoride & X-rays)	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Comprehensive Dental Benefits (Fillings, Simple Extractions, Root Canals / Bridges, Crowns, Dentures)	$0 copay / 20% of the cost	50% / 70% of the cost	$0 copay / 40% of the cost	50% / 70% of the cost	50% / 70% of the cost	50% / 70% of the cost	$0 copay / 50% cost
Prescription Eyewear Annual Allowance	$200 allowance	$150 allowance	$235 allowance	$250 allowance	$305 allowance	$300 allowance	$300 allowance
Hearing Aids (Level 1 / Level 2) Amplifon does have additional hearing-aid models available for purchase at a discounted rate.	$395 / $695 copay per select model hearing aid	$395 / $695 copay per select model hearing aid	$395 / $695 copay per select model hearing aid	$395 / $695 copay per select model hearing aid	$395 / $695 copay per select model hearing aid	$395 / $695 copay per select model hearing aid	$395 / $695 copay per select model hearing aid
Over-the-Counter (OTC) items quarterly allowance	$80 per quarter	$25 per quarter	$60 per quarter	$75 per quarter	$75 per quarter	$55 per quarter	$100 (NE) / $25 (NW) per quarter
Travel Coverage	AZ, FL, NC, SC & TX	AZ, FL, NC, SC & TX	AZ, FL, NC, SC & TX	AZ, FL, NC, SC & TX	AZ, FL & TX	AZ, FL & TX	AZ, FL, TX
Additional Supplemental Benefits							
Papa Pals	Not included	Not included	20 hours	40 hours	60 hours	80 hours	90 hours
Transportation	Not included	$0 copay for 6 one-way trips	$0 copay for 4 one-way trips	$0 copay for 6 one-way trips	$0 copay for 10 one-way trips	$0 copay for 12 one-way trips	$0 copay for 50 one-way trips
Home Safety Devices♦	$150 annual allowance	Not included	$200 annual allowance	$175 annual allowance	$225 annual allowance	$250 annual allowance (no diagnosis req.)	$150 annual allowance
Acupuncture Services**	See footnote***	See footnote***	$20 copay for 6 combined visits	See footnote***	See footnote***	$10 copay for 6 combined visits	$20 copay for 6 combined visits
Therapeutic Massage Services**	Not included	Not included	$20 copay for 6 combined visits	Not included	Not included	$10 copay for 6 combined visits	$20 copay for 6 combined visits
No-cost Gym Memberships through SilverSneakers®	Included	Included	Included	Included	Included	Included	Included

*Up to $25,000 per year for worldwide emergency and urgent care services. ♦Members who have had a diagnosis of any of the following: history of hip replacement, history of knee replacement, history of femur fractures or a diagnosis of falls within the past 12-months, as documented by a provider, are eligible for home and bathroom safety devices; Emerald members are exempt from this requirement. **Combined visit limit for Acupuncture Services and Therapeutic Massage Services. ***Acupuncture services covered for chronic lower back pain only. ^CMS requires a doctor's order for this benefit to be utilized. Not all plans are available in all counties. Refer to list of counties to determine availability and plan premiums for that county. For the Sapphire and Emerald plans, your out-of-pocket costs may be higher if you receive care from non network providers. Coverage for in-network services shown for Sapphire HMO-POS and Emerald HMO-POS. Out-of-network/non-contracted providers are under no obligation to treat Plan members except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services. +The Amber (HMO) Plan does not cover Part D prescriptions. Failure to maintain prescription coverage may lead to increased monthly fees due to incurring a Late Enrollment Penalty. Part D prescription coverage not available on Amber (HMO) plan.