

SummaCare Medicare Garnet 2 (HMO) offered by SummaCare

Annual Notice of Change for 2026

You're enrolled as a member of SummaCare Medicare Garnet 2.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in SummaCare Medicare Garnet 2.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.summacare.com/eoc or call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) to get a copy by mail.

More Resources

- Our plan provides a Notice of Availability of language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.
- Call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) for additional information. 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. 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. This call is free.
- Call SummaCare Medicare Member Services to request this booklet in an alternate format such as large print or another language.

About SummaCare Medicare Garnet 2

- SummaCare Medicare Garnet 2 is an HMO plan with a Medicare contract. Enrollment in SummaCare Medicare Garnet 2 depends on contract renewal.
- When this material says "we," "us," or "our," it means SummaCare. When it says "plan" or "our plan," it means SummaCare Medicare Garnet 2.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in SummaCare Medicare Garnet 2.** Starting January 1, 2026, you'll get your medical and drug coverage through SummaCare Medicare Garnet 2. Go to Section 3 for more information about how to change plans and deadlines for making a change.

H3660_SC1925_C_08242025

OMB Approval 0938-1051 (Expires: August 31, 2026)

Table of Contents

Summary of Important Costs for 2026	3
SECTION 1 Changes to Benefits & Costs for Next Year	6
Section 1.1 Changes to the Monthly Plan Premium	6
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount	6
Section 1.3 Changes to the Provider Network	7
Section 1.4 Changes to the Pharmacy Network	7
Section 1.5 Changes to Benefits & Costs for Medical Services	8
Section 1.6 Changes to Part D Drug Coverage	10
Section 1.7 Changes to Prescription Drug Benefits & Costs	11
SECTION 2 Administrative Changes	13
SECTION 3 How to Change Plans.....	15
Section 3.1 Deadlines for Changing Plans	15
Section 3.2 Are there other times of the year to make a change?	15
SECTION 4 Get Help Paying for Prescription Drugs	16
SECTION 5 Questions?	16
Get Help from SummaCare Medicare Garnet 2	16
Get Free Counseling about Medicare	17
Get Help from Medicare	17

Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$24	\$35
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.	\$4,200	\$4,800
Primary care office visits	\$0 copay per visit	\$0 copay per visit
Specialist office visits	\$40 copay per visit	\$40 copay per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	\$326 copay per day for days 1-6 per hospital stay	\$346 copay per day for days 1-6 per hospital stay
Part D drug coverage deductible (Go to Section 1.6 for details.)	\$200 for drugs in tiers 3-4, except for covered insulin products and most adult Part D vaccines	\$250 for drugs in tiers 3-5, except for covered insulin products and most adult Part D vaccines

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copays during the Initial Coverage Stage: Drug Tier 1: \$0 copay Drug Tier 2: \$8 copay Drug Tier 3: \$47 copay. You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: \$100 copay. You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 30% of the cost of the drug. You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 6: \$0 copay Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs. You can have cost sharing for drugs that are covered under our enhanced benefit.	Copayments and coinsurance during the Initial Coverage Stage: Drug Tier 1: <i>Standard cost sharing:</i> \$6 copay. <i>Preferred cost sharing:</i> \$0 copay. Drug Tier 2: <i>Standard cost sharing:</i> \$10 copay. <i>Preferred cost sharing:</i> \$0 copay. Drug Tier 3: <i>Standard cost sharing:</i> 25% of the cost of the drug. You pay \$35 per month supply of each covered insulin product on this tier. <i>Preferred cost sharing:</i> 21% of the cost of the drug. You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: <i>Standard cost sharing:</i> 50% of the cost of the drug. You pay \$35 per month supply of each covered insulin product on this tier. <i>Preferred cost sharing:</i> 40% of the cost of the drug. You pay \$35 per

	2025 (this year)	2026 (next year)
		month supply of each covered insulin product on this tier. Drug Tier 5: <i>Standard and Preferred cost sharing:</i> 30% of the cost of the drug. You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 6: <i>Standard cost sharing:</i> \$6 copay. <i>Preferred cost sharing:</i> \$0 copay. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs. You can have cost sharing for drugs that are covered under our enhanced benefit.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$24	\$35
Additional premium for optional supplemental dental coverage through Delta Dental If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	\$37	\$37

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 1.7 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$4,200	\$4,800 Once you've paid \$4,800 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* at www.summacare.com/providerdirectory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.summacare.com/providerdirectory.
- Call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network now includes preferred pharmacies, which offer you lower cost sharing than the standard network pharmacies for some drugs. All in-network pharmacies are preferred with the exception of Walgreens, which is our only standard pharmacy.

Our network of pharmacies has changed for next year. Review the 2026 *Provider Directory* www.summacare.com/providerdirectory to see which pharmacies are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.summacare.com/providerdirectory.
- Call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Acupuncture for chronic low back pain	\$10 copay for each Medicare-covered acupuncture treatment visit for chronic low back pain.	\$20 copay for each Medicare-covered acupuncture treatment visit for chronic low back pain.
Acupuncture services (Supplemental)	\$10 copay per visit for up to a maximum of six combined acupuncture and therapeutic massage service visits per year.	\$20 copay per visit for up to a maximum of six combined acupuncture and therapeutic massage service visits per year.
Chiropractic services	\$20 copayment for each Medicare-covered chiropractic visit.	\$15 copayment for each Medicare-covered chiropractic visit.
Emergency care	\$120 copay for Medicare-covered emergency room visits. (Copay waived if admitted within 24 hours.)	\$130 copay for Medicare-covered emergency room visits. (Copay waived if admitted within 24 hours.)
Health and wellness education programs: Brain Health and Fitness	No coinsurance, copayment or deductible for access to BrainHQ, an online, evidence-based program to address your overall brain health.	BrainHQ is not covered.
Inpatient hospital care	\$326 copay per day for days 1-6 per hospital stay. You pay nothing after day 6.	\$346 copay per day for days 1-6 per hospital stay. You pay nothing after day 6.

	2025 (this year)	2026 (next year)
Inpatient services in a psychiatric hospital	\$326 copay per day for days 1-5 per hospital stay. You pay nothing after day 5.	\$346 copay per day for days 1-5 per hospital stay. You pay nothing after day 5.
Meal delivery	\$0 copay for a maximum of 14 meals (two meals a day for seven days) once per year following a hospital discharge or for diabetics with a high A1C level.	Meal delivery is not covered
Outpatient hospital observation	\$275 copay for outpatient observation services. The emergency room copay is waived if you are placed in observation status.	\$340 copay for outpatient observation services. The emergency room copay is waived if you are placed in observation status.
Outpatient hospital services	\$275 copayment for outpatient hospital services.	\$340 copayment for outpatient hospital services.
Outpatient rehabilitation services	\$25 copay for each Medicare-covered physical, occupational and speech therapy visit.	\$40 copay for each Medicare-covered physical, occupational and speech therapy visit.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	\$275 copayment for outpatient surgery services at an ambulatory surgical center or a hospital outpatient facility.	\$290 copayment for outpatient surgery services at an ambulatory surgical center. \$340 copayment for outpatient surgery services at a hospital outpatient facility.
Over-the-Counter (OTC) items (Supplemental)	\$80 every quarter (three months) to spend on plan-approved OTC items	\$60 every quarter (three months) to spend on plan-approved OTC items.

	2025 (this year)	2026 (next year)
Papa Pals	\$0 copay for up to 40 hours of assistance per year provided through Papa Pals.	\$0 copay for up to 20 hours of assistance per year provided through Papa Pals.
Therapeutic massage services	\$10 copay per visit for up to a maximum of six combined acupuncture and therapeutic massage service visits per year.	\$20 copay per visit for up to a maximum of six combined acupuncture and therapeutic massage service visits per year.
Transportation services	\$0 copay for a maximum of eight one-way trips per year.	\$0 copay for a maximum of four one-way trips per year.
Vision care	\$325 annual allowance toward the purchase of prescription eyewear.	\$235 annual allowance toward the purchase of prescription eyewear.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically. **You can get the complete Drug List** by calling SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) or visiting our website at www.summacare.com/find-your-drug.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by *September 30, 2025*, call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**
You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs in tiers 3-5 until you've reached the yearly deductible.
- **Stage 2: Initial Coverage**
Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,100.
- **Stage 3: Catastrophic Coverage**
This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	\$200 During this stage, you pay a \$0 copay for drugs on Tiers 1 and 6, an \$8 copay for drugs on Tier 2 and the full cost of drugs on Tiers 3 and 4 until you have reached the yearly deductible. For Tier 5 drugs, you pay 30% of the total cost.	\$250 During this stage, in Preferred cost sharing, you pay a \$0 copay for drugs on Tiers 1, 2 and 6 and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible. In Standard cost sharing, you pay a \$6 copay for drugs on Tiers 1 and 6, a \$10 copay for drugs on Tier 2 and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tiers 3 and 4, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
(Tier 1) Preferred Generic Drugs:	\$0	Standard cost sharing: You pay \$6 Preferred cost sharing: You pay \$0

(Tier 2) Generic Drugs:	\$8	Standard cost sharing: You pay \$10 Preferred cost sharing: You pay \$0
(Tier 3) Preferred Brand Name Drugs	\$47 You pay \$35 per month supply of each covered insulin product on this tier.	Standard cost sharing: You pay 25% of the total cost Preferred cost sharing: You pay 21% of the total cost
(Tier 4) Non-Preferred Drugs	\$100 You pay \$35 per month supply of each covered insulin product on this tier.	Standard cost sharing: You pay 50% of the total cost Preferred cost sharing: You pay 40% of the total cost
(Tier 5) Specialty Drugs	\$30% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.	Standard cost sharing: You pay 30% of the total cost Preferred cost sharing: You pay 30% of the total cost
(Tier 6) Select Care Drugs	\$0	Standard cost sharing: You pay \$6 Preferred cost sharing: You pay \$0

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You can have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan,

	2025 (this year)	2026 (next year)
	pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) or visit www.Medicare.gov.
Over-the-Counter (OTC) items (Supplemental)	OTC items may be purchased either through SummaCare OTC or by using a SummaCare Visa card at participating retailers.	OTC items may be purchased through your OTC &more catalog or by using your SummaCare &more benefit card at participating retailers. &more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard Incorporated. Use of this card is subject to the terms and conditions of the Cardholder Agreement.
Transportation services	A minimum of 72 hours advance notice is required to schedule a stretcher transport/ electric wheelchair transport and 48 hours for wheelchair and ambulatory sedan transports.	A minimum of 72 hours advance notice is required to schedule a stretcher, wheelchair or electric wheelchair transport and 48 hours for ambulatory sedan transports.

SECTION 3 How to Change Plans

To stay in SummaCare Medicare Garnet 2, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our SummaCare Medicare Garnet 2.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from SummaCare Medicare Garnet 2.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from SummaCare Medicare Garnet 2.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1.800.MEDICARE (800.633.4227) and ask to be disenrolled. TTY users can call 877.486.2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1.800.MEDICARE (800.633.4227). As a reminder, SummaCare offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you

recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1.800.MEDICARE (800.633.4227). TTY users can call 877.486.2048, 24 hours a day, 7 days a week.
 - Social Security at 800.772.1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 800.325.0778.
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Ohio AIDS Drug Assistance Program at 800.777.4775. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call Ohio AIDS Drug Assistance Program at 800.777.4775. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from SummaCare Medicare Garnet 2

- **Call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711)**

We're available for phone calls. 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. 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. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for SummaCare Medicare Garnet 2. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.summacare.com/eoc or call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.summacare.com/providerdirectory**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Ohio, the SHIP is called Ohio Senior Health Insurance Information Program (OSHIIP).

Call OSHIIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call OSHIIP at 800.686.1578. Learn more about OSHIIP by visiting <https://insurance.ohio.gov/wps/portal/gov/odi/about-us/divisions/oshiip>.

Get Help from Medicare

- **Call 1.800.MEDICARE (800.633.4227)**

You can call 1.800.MEDICARE (800.633.4227), 24 hours a day, 7 days a week. TTY users can call 877.486.2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1.800.MEDICARE (800.633.4227). TTY users can call 877.486.2048.