



Summary of Benefits

Sapphire (HMO-POS), Emerald (HMO-POS)

Plan Year January 1, 2026, through December 31, 2026

SummaCare Medicare Advantage Sapphire (HMO-POS) (H3660_029)

The SummaCare Medicare Advantage Sapphire (HMO-POS) plan is available to residents of the following counties in Ohio:

Allen, Ashland, Ashtabula, Auglaize, Carroll, Columbiana, Cuyahoga, Defiance, Fulton, Geauga, Hancock, Henry, Huron, Holmes, Lake, Lorain, Lucas, Mahoning, Medina, Mercer, Ottawa, Portage, Putnam, Seneca, Stark, Summit, Trumbull, Tuscarawas, Van Wert, Wayne and Wood.

SummaCare Medicare Advantage Emerald (HMO-POS) (H3660_028)

The SummaCare Medicare Advantage Emerald (HMO-POS) plan is available to residents of the following counties in Ohio:

Ashtabula, Carroll, Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Tuscarawas and Wayne.

SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. 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 the cost sharing that applies to out-of-network services. H3660_SC1987_M 09252025

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Monthly Plan Premium	You must continue to pay your Medicare Part B premium.	
	You pay \$83	You pay \$157
Medical Deductible	\$0 copay	\$0 copay
Maximum Out-of-Pocket Responsibility	<ul style="list-style-type: none"> Does not include prescription drugs. Includes copays and other costs for medical services throughout the year. Copays for hearing aids, dental services or costs members pay for vision hardware do not count towards the maximum out-of-pocket. 	
	\$3,650	\$2,800
Inpatient Hospital Coverage	Our plan pays for an unlimited number of days for an inpatient hospital stay.	
	In-network: \$240 copay per day for days 1 through 6. You pay nothing after day 6. Out-of-network: 25% of the cost for days 1 through 90.	In-network: \$205 copay per day for days 1 through 5. You pay nothing after day 5. Out-of-network: 20% of the cost for days 1 through 90.
Outpatient Hospital Coverage	Outpatient hospital: In-network: \$210 copay Out-of-network: 20% of the cost	In-network: \$190 copay Out-of-network: 20% of the cost
	Observation services: In-network: \$210 copay Out-of-network: 20% of the cost	In-network: \$190 copay Out-of-network: 20% of the cost
Ambulatory Surgical Center	In-network: \$170 copay Out-of-network: 20% of the cost	In-network: \$150 copay Out-of-network: 20% of the cost
Provider Visits	You are not required to receive authorization before seeking care from any specialists.	
	Primary care provider visit: In-network: \$0 copay Out-of-network: \$20 copay	In-network: \$0 copay Out-of-network: \$20 copay
	Specialist visit: In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Preventive Care (e.g., flu vaccines, diabetic screenings)	Our plans cover many preventive services, including: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual Wellness Visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screening • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screening and counseling • Screening for Hepatitis C Virus infection • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines (including flu, Hepatitis B, pneumococcal) • "Welcome to Medicare" preventive visit (one-time) 	
	In-network: You pay nothing. Out-of-network: \$20 copay	In-network: You pay nothing. Out-of-network: \$20 copay
Emergency Care	If you are admitted to the hospital within 24 hours, you do not have to pay the copay. Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.	
	In-network: \$120 copay per visit Out-of-network: \$120 copay per visit	In-network: \$120 copay per visit Out-of-network: \$120 copay per visit

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Urgently Needed Services	<p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care but given your circumstances, it is not possible, or it is unreasonable, to obtain services from network providers. Cost sharing for necessary urgently needed services furnished out-of-network is the same as for such services furnished in-network.</p> <p>Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.</p>	
	<p>In-network: \$25 copay per visit</p> <p>Out-of-network: \$25 copay per visit</p>	<p>In-network: \$25 copay per visit</p> <p>Out-of-network: \$25 copay per visit</p>
Diagnostic Services/Labs/Imaging	<p>The copay is based on where the procedure takes place. You pay a lower copay at a provider's office (office visit copay may apply). You pay a higher copay at all other locations.</p>	
	Diagnostic radiology service (e.g., MRI):	
	<p>In-network: \$150 copay</p> <p>Out-of-network: 30% of the cost</p>	<p>In-network: \$100 copay</p> <p>Out-of-network: 30% of the cost</p>
	Diagnostic tests and procedures:	
	<p>In-network: \$0-\$99 copay, depending on the location</p> <p>Out-of-network: 30% of the cost</p>	<p>In-network: \$0-\$75 copay, depending on the location</p> <p>Out-of-network: 30% of the cost</p>
	Lab services:	
	<p>In-network: \$0-\$6 copay, depending on the location</p> <p>Out-of-network: 30% of the cost</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 30% of the cost</p>
	Outpatient X-rays:	
	<p>In-network: \$0-\$99 copay, depending on the location</p> <p>Out-of-network: 30% of the cost</p>	<p>In-network: \$0-\$75 copay, depending on the location</p> <p>Out-of-network: 30% of the cost</p>
	Therapeutic radiology services (such as radiation treatment for cancer):	
	<p>In-network: 20% of the cost</p> <p>Out-of-network: 30% of the cost</p>	<p>In-network: 20% of the cost</p> <p>Out-of-network: 30% of the cost</p>

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Hearing Services	You are covered for an annual routine hearing exam every year. Services for hearing aids must be received through SummaCare's in-network provider, Amplifon. You receive one year of follow-up care. Risk-free trial of 60 days. Two-year battery support (battery supply or charging station.) There is no copay for a hearing aid fitting/evaluation.	
	Diagnostic hearing exam: In-network: \$0-\$15 copay, depending on the location Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
	Supplemental routine hearing exam: In-network: \$0 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
	Hearing aids: Limit one per ear every year. If a member has a preference toward an alternate model, Amplifon does have additional hearing-aid models available for purchase at a discounted rate.	
	In-network: \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids Out-of-network: Not covered	In-network: \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids Out-of-network: Not covered
Dental Services	Preventive dental covers two cleanings, two exams, one bitewing X-ray and one fluoride treatment per year. Preventive dental also includes full mouth or panoramic X-rays once every five years, periapical X-rays as needed and emergency treatment of dental pain as needed.	
	In-network: \$0 copay per visit Out-of-network: Not covered	In-network: \$0 copay per visit Out-of-network: Not covered
	Comprehensive Dental Services (not covered out-of-network): You pay 50% coinsurance for fillings, root canals and simple extractions. For full details and exclusions, view your dental handbook at summacare.com/plandocuments .	
	You pay 70% coinsurance for bridges, crowns, crown repair and dentures.	
	\$2,000 calendar year maximum for preventive and comprehensive dental services.	
	Must use Delta Dental of Ohio Medicare Advantage PPO network.	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Vision Services	<p>You are covered for an annual supplemental routine eye exam each year.</p> <p>Coverage for eyeglasses and/or contact lenses provided after cataract surgery is limited to Medicare-allowed amount for Medicare-covered lenses and frames.</p> <p>In addition to an annual routine eye exam and Medicare-covered eye exams (for diagnosis and treatment for diseases and conditions of the eye), you'll receive an annual amount to use toward the purchase of frames/lenses or contact lenses – with the freedom to purchase from any vision provider you choose.</p>	
	Diagnostic eye exam:	
	In-network: \$0 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
	Supplemental routine eye exam:	
	In-network: \$0 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
	Annual prescription eyewear allowance:	
	\$305 allowance	\$300 allowance
	Glasses or contact lenses after cataract surgery:	
	In-network: You pay nothing. Out-of-network: 30% of the cost	In-network: You pay nothing. Out-of-network: 30% of the cost
	Yearly glaucoma screening:	
	In-network: You pay nothing. Out-of-network: \$20 copay	In-network: You pay nothing. Out-of-network: \$20 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Mental Health Services	There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day lifetime limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.	
	Inpatient visit:	
	In-network: \$240 copay per day for days 1 through 5. You pay nothing after day 5. Out-of-network: 25% of the cost for days 1 through 90.	In-network: \$205 copay per day for days 1 through 4. You pay nothing after day 4. Out-of-network: 20% of the cost for days 1 through 90.
	Outpatient group therapy visit:	
	In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
Skilled Nursing Facility	Outpatient individual therapy visit:	
	In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
	Our plan covers up to 100 days in a Skilled Nursing Facility per benefit period. No prior hospital stay required.	
	In-network: \$0 copay per day for days 1 through 20. \$195 copay per day for days 21 through 100. Out-of-network: \$195 copay per day for days 1 through 100.	In-network: \$0 copay per day for days 1 through 20. \$188 copay per day for days 21 through 100. Out-of-network: \$188 copay per day for days 1 through 100.

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Rehabilitation and Physical Therapy	Cardiac (heart) rehab services:	
	In-network: You pay nothing. Out-of-network: \$55 copay	In-network: You pay nothing. Out-of-network: \$40 copay
	Occupational therapy visit:	
	In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
	Physical therapy and speech and language therapy visit:	
	In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
Ambulance	Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.	
	Ground ambulance:	
	In-network: \$200 copay Out-of-network: \$200 copay	In-network: \$200 copay Out-of-network: \$200 copay
	Air ambulance:	
	In-network: \$200 copay Out-of-network: \$200 copay	In-network: \$200 copay Out-of-network: \$200 copay
Transportation	Routine non-emergent medical transportation services are covered for in-network medical appointments or visits to providers within the plan service area. Trips must be scheduled through SummaCare's transportation vendor, HOMELINK.	
	In-network: \$0 copay for 10 one-way trips per calendar year. Out-of-network: Not covered	In-network: \$0 copay for 12 one-way trips per calendar year. Out-of-network: Not covered
Medicare Part B Drugs	For Part B-covered chemotherapy drugs and other Part B-covered drugs: Part B drugs may be subject to Step Therapy requirements. Insulin cost sharing is subject to a coinsurance cap of \$35 for one-month's supply of insulin.	
	In-network: Up to 20% of the cost Out-of-network: 30% of the cost	In-network: Up to 20% of the cost Out-of-network: 30% of the cost

Summary of Benefits

Premiums and Benefits

SummaCare Medicare Advantage Sapphire (HMO-POS)

SummaCare Medicare Advantage Emerald (HMO-POS)

Part D Prescription Drugs. The amount you pay depends on the drug's tier, what stage of the benefit you have reached, and pharmacy type or status (e.g., preferred/standard, mail-order, long-term care (LTC), and 30- or 90-day supply). Walgreens is SummaCare's only standard in-network pharmacy. All other in-network pharmacies are part of the preferred network, which typically offers lower costs.

Deductible	<p>If applicable, you must pay the full cost of your tier 3, tier 4 and tier 5 drugs until you reach the plan's deductible amount. The deductible does not apply to covered insulin products and most adult Part D vaccines.</p>	
	\$50	There is no deductible
Initial Coverage Stage	<p>During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance listed below). You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,100. You may get your drugs at network retail pharmacies and mail-order pharmacies.</p>	
Tier 1 Preferred Generic Drugs	<p>Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay</p> <p>Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay</p>	<p>Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay</p> <p>Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay</p>
Tier 2 Generic Drugs	<p>Retail 1-Month Supply Preferred: \$0 copay Standard: \$10 copay</p> <p>Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$25 copay</p>	<p>Retail 1-Month Supply Preferred: \$0 copay Standard: \$10 copay</p> <p>Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$25 copay</p>
Tier 3 Preferred Brand Name Drugs	<p>Retail 1-Month Supply Preferred: \$41 copay Standard: \$47 copay</p> <p>Retail/Mail-Order 3-Month Supply Preferred: \$102.50 copay Standard: \$117.50 copay</p>	<p>Retail 1-Month Supply Preferred: \$41 copay Standard: \$47 copay</p> <p>Retail/Mail-Order 3-Month Supply Preferred: \$102.50 copay Standard: \$117.50 copay</p>

Summary of Benefits

Premiums and Benefits

SummaCare Medicare Advantage Sapphire (HMO-POS)

SummaCare Medicare Advantage Emerald (HMO-POS)

Part D Prescription Drugs continued

Tier 4 Non-Preferred Drugs	Retail 1-Month Supply Preferred: 40% of the cost Standard: 50% of the cost	Retail 1-Month Supply Preferred: 39% of the cost Standard: 50% of the cost
	Retail/Mail-Order 3-Month Supply Preferred: 40% of the cost Standard: 50% of the cost	Retail/Mail-Order 3-Month Supply Preferred: 39% of the cost Standard: 50% of the cost
Tier 5 Specialty Drugs	Retail 1-Month Supply Preferred: 32% of the cost Standard: 32% of the cost	Retail 1-Month Supply Preferred: 33% of the cost Standard: 33% of the cost
	Retail/Mail-Order 3-Month Supply A long-term supply is not available for drugs in Tier 5	Retail/Mail-Order 3-Month Supply A long-term supply is not available for drugs in Tier 5
Tier 6 Select Care Drugs	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay
	Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay	Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay
Catastrophic Coverage Stage	After your out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach the \$2,100 limit for the calendar year, you will pay nothing for your covered Part D drugs.	
Insulin Cost Sharing	You will pay no more than \$35 for a one month supply of insulin covered under Part D.	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Additional Benefits		
Acupuncture Services	General acupuncture: Includes any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year. Visits must be scheduled through HOMELINK.	
	Not covered	In-network: \$10 copay per visit for any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year. Out-of-network: Not covered
	For chronic lower back pain: Up to a maximum of 20 treatments per year for each Medicare-covered acupuncture treatment visit for chronic low back pain. Visits must be scheduled through HOMELINK.	
	In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$10 copay Out-of-network: \$40 copay
Telehealth Services	For each primary care, dermatological, behavioral health and substance abuse telehealth visit provided through Teladoc® or another in-network provider.	
	In-network: \$0 copay Out-of-network: Not covered	In-network: \$0 copay Out-of-network: Not covered
	For all other in-network telehealth specialist visits:	
	In-network: \$20 copay Out-of-network: Not covered	In-network: \$20 copay Out-of-network: Not covered
PERS (Personal Emergency Response System)	Offered with the Emerald plan only, the Personal Emergency Response System (PERS), through ConnectAmerica, is a mobile device worn as a pendant or around the wrist which offers access to emergency assistance 24/7/365 at the press of a button, whether or not you are at home. The device is GPS-enabled and has optional fall detection capabilities. Coverage includes the mobile device, charging cradle and monthly monitoring in the home.	
	Not covered	\$0 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Papa Pals	Hang Out and Help Out. Papa pairs older adults and families with Papa Pals for companionship and assistance with everyday tasks. Get help around the house, including light housework, a ride to the doctor's office or pharmacy (or anywhere around town), help with errands or simply someone to talk to. Providing support to SummaCare Medicare Advantage members also offers relief and respite to caregivers.	
	Up to 60 hours of assistance	Up to 80 hours of assistance
Visitor/Travel Coverage	SummaCare Medicare Advantage members who are visiting the states of Arizona, Florida or Texas receive all plan-covered services through this Visitor/Travel coverage.	
Meal Delivery	You are covered for a maximum of 14 meals (two per day for seven days) following a hospital discharge or for diabetics with a high A1C (over 8).	
Therapeutic Massage	Includes any combination of therapeutic massage and acupuncture service visits. This is limited to six visits per calendar year.	
	Not covered	In-network: \$10 copay per visit for any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year. Out-of-network: Not covered
Home Safety Devices	If you have had a diagnosis of any of the following: hip replacement, knee replacement, femur fractures or a diagnosis of falls within the past 12 months, as documented by a provider, you are eligible for home safety devices. Items must be purchased through HOMELINK. Otherwise you will be responsible for the full cost of those items and no payment will be made. Emerald members do not require a diagnosis to utilize this benefit.	
	In-network: \$225 allowance per year Out-of-network: Not covered	In-network: \$250 allowance per year Out-of-network: Not covered
Chiropractic Care (Medicare-covered)	In-network: \$20 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
Foot Care (Podiatry Services)	In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Home Health Care	In-network: \$0 copay Out-of-network: 20% of the cost	In-network: \$0 copay Out-of-network: 20% of the cost
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care.	
Medical Equipment/Supplies	Durable medical equipment (e.g., wheelchairs, oxygen):	
	In-network: 20% of the cost Out-of-network: 30% of the cost	In-network: 20% of the cost Out-of-network: 30% of the cost
	Prosthetic devices (e.g., braces, artificial limbs):	
	In-network: 20% of the cost Out-of-network: 30% of the cost	In-network: 20% of the cost Out-of-network: 30% of the cost
	Diabetes monitoring supplies manufactured by Abbott and/or Ascensia Contour:	
	In-network: \$0 copay Out-of-network: 30% of the cost	In-network: \$0 copay Out-of-network: 30% of the cost
	Diabetes self-management training:	
	In-network: \$0 copay Out-of-network: \$20 copay	In-network: \$0 copay Out-of-network: \$20 copay
	Therapeutic shoes or inserts:	
Outpatient Substance Abuse	Group therapy visit: In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
	Individual therapy visit: In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Opioid Treatment Program Services	<p>Opioid use disorder treatment services are covered under Part B of Original Medicare. Members of our plan receive coverage for these services through our plan. Covered services include:</p> <ul style="list-style-type: none"> • FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable • Substance-use counseling • Individual and group therapy • Intake activities • Periodic assessments • Toxicology testing 	
	<p>In-network: \$0 copay</p> <p>Out-of-network: \$55 copay</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: \$40 copay</p>
Partial Hospitalization	<p>"Partial hospitalization" is a structured program of active psychiatric treatment provided as a hospital outpatient service or by a community mental health center, that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p> <p>Intensive outpatient service is a structured program of active behavioral (mental) health therapy treatment provided in a hospital outpatient department, a community mental health center, a Federally qualified health center, or a rural health clinic that is more intense than the care received in your doctor's or therapist's office but less intense than partial hospitalization.</p>	
	<p>In-network: \$40 copay</p> <p>Out-of-network: \$55 copay</p>	<p>In-network: \$20 copay</p> <p>Out-of-network: \$40 copay</p>
Over-the-Counter Items	<p>Coverage includes non-prescription over-the-counter health-related items like vitamins, pain relievers, cough and cold medicines and first aid supplies. Refer to your 2026 OTC Product Catalog or visit summacare.com/overthecounter for a complete list of plan-approved OTC items. You may also conduct a product search by retail service at summacare.com/overthecounter. Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.</p>	
	<p>In-network: \$75 allowance per quarter</p> <p>Out-of-network: Not covered</p>	<p>In-network: \$55 allowance per quarter</p> <p>Out-of-network: Not covered</p>
Renal Dialysis	<p>In-network: 20% of the cost</p> <p>Out-of-network: 20% of the cost</p>	<p>In-network: 20% of the cost</p> <p>Out-of-network: 20% of the cost</p>

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Health and Wellness Programs and Services	<ul style="list-style-type: none"> • Brain HQ: Members have access to BrainHQ™, an online, evidence-based program to strengthen your overall brain health. BrainHQ has dozens of exercises that have been scientifically proven to help people think faster, focus better and remember more. BrainHQ adjusts to meet the needs of your unique brain over time; providing the best exercises at the right pace your brain needs to be at its sharpest. • SilverSneakers® Fitness Program: SilverSneakers can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations including live and on-demand classes for members to access at home. You have access to a nationwide network of participating locations where you can take classes and use exercise equipment and other amenities. Enroll in as many locations as you like, at any time. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. You also have access to instructors who lead specially designed group exercise classes in-person and online, seven days a week. Additionally, SilverSneakers Community gives you options to get active outside of traditional gyms at recreation centers, parks and other neighborhood locations. • 24-Hour Nurse Line • QuitCare • Health Manager Powered by WebMD® • Enhanced Condition and Care Management Programs 	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Optional Supplemental Dental	<p>If you elect to enroll in this optional supplemental dental plan, you'll pay an additional \$37 per month in order to obtain the following additional benefits. You must keep paying your Medicare Part B premium and your SummaCare Medicare Advantage plan premium.</p> <ul style="list-style-type: none"> • If you purchase this optional supplemental dental benefit, the plan will pay a total maximum benefit of \$2,000 per benefit year. This includes your embedded and supplemental dental benefits. • Services must be received through Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network of providers. • Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network are NOT covered benefits. • There is no waiting period for coverage to begin. <p>The following benefits are in addition to the embedded benefits covered in your plan see page 69. For full details and exclusions, view your dental handbook at summacare.com/plandocuments.</p>	
	Inlays/Onlays:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Periodontal Maintenance:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Periodontal Non-Surgical Procedures:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Periodontal Surgical Procedures:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Denture Relines/Repairs:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Bridge Repairs:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Surgical Extractions/Oral Surgery:	
	You pay 50% coinsurance	You pay 50% coinsurance

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
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Optional Supplemental Dental Continued

Optional Supplemental Dental	Brush Biopsy:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Occlusal Guards/Occlusal Adjustments:	
	You pay 50% coinsurance	You pay 50% coinsurance
	General Anesthesia or IV Sedation when medically necessary:	
	You pay 50% coinsurance	You pay 50% coinsurance
	The following benefits are lower cost share to the embedded benefits covered in your plan see page 69.	
	Bridges:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Crowns & Crown Repairs:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Dentures:	
	You pay 50% coinsurance	You pay 50% coinsurance

Things to Know About SummaCare Sapphire (HMO-POS) and Emerald (HMO-POS)

What do we cover?

Six of our seven Medicare Advantage plans include Medicare Part D prescription drugs (Amber (HMO) does not include Part D prescription drug coverage). You can see the complete plan formulary (list of covered drugs) and any restrictions on our website by visiting summacare.com/find-your-drug and then choosing "Medicare Advantage."

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use SummaCare's Medicare formulary (list of covered drugs at summacare.com/find-your-drug) to locate what tier your drug is in to determine how much it will cost you. The amount you pay depends on the drugs' tier, the pharmacy you use and what coverage stage you are in.

Which providers, hospitals and pharmacies can I use?

Our plan will cover services from either in-network or out-of-network providers, as long as the services are covered benefits and are medically necessary. However, if you use an out-of-network provider, your share of the costs for covered services may be higher. SummaCare Medicare Sapphire (HMO-POS) and SummaCare Medicare Emerald (HMO-POS) have a network of providers, hospitals and pharmacies. If you use providers that are not in our network, the plan may not pay for these services – except for emergency, urgent and out-of-area renal dialysis services. Out-of-network/non-contracted providers are under no obligation to treat SummaCare members, except in emergency situations. Please call our Member Services number or request an Evidence of Coverage (EOC) document for more information, including the cost sharing that applies to out-of-network services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider directory on our website, summacare.com/medicare, or call us and we will send you a copy of the provider directory. The plans in this Summary of Benefits (SOB) document also include Visitor/Travel coverage.

Want to learn more?

Visit summacare.com/medicare to find more information about our plans. Or, call us at **888.464.8440** (TTY **711**). From October 1 through March 31, a representative is available to take your call from 8 a.m. until 8 p.m., seven days a week. From April 1 through September 30, a representative is available to take your call from 8 a.m. until 8 p.m., Monday – Friday. Outside these hours, you may leave us a message and a representative will return your call the next business day.

The benefit information provided does not list every service we cover nor list every prior authorization requirement, nor list every limitation or exclusion. To get a complete list of services we cover, please request the EOC. To request the EOC, visit summacare.com/eoc or call **888.464.8440** (TTY **711**).

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or order a copy by calling **800.MEDICARE (1.800.633.4227)**, 24 hours a day, 7 days a week. TTY users should call **877.486.2048**.

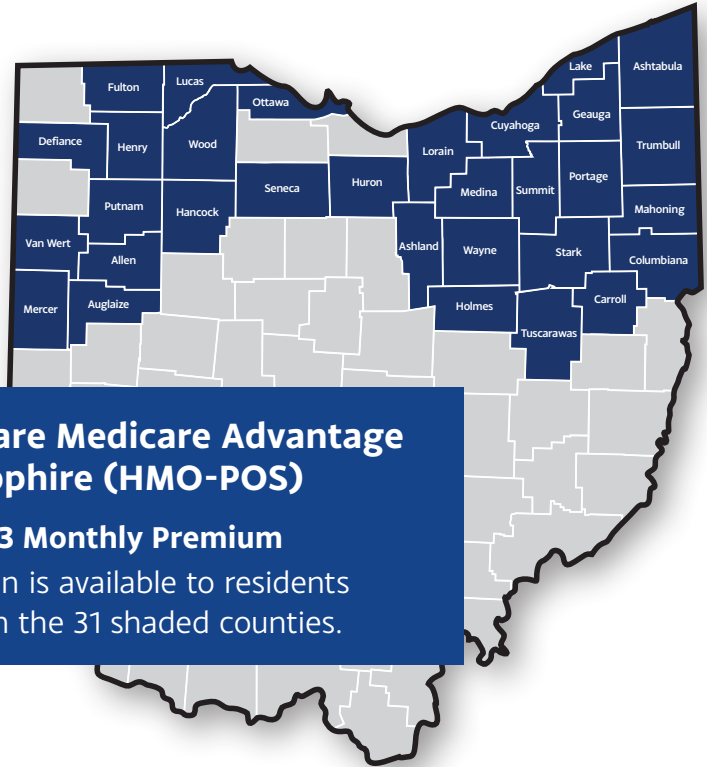
People with limited incomes may qualify for Extra Help to pay for their prescription drug costs and medical expenses. See if you qualify by calling:

- **800.MEDICARE (1.800.633.4227)**, 24 hours a day, 7 days a week. TTY/TDD users call **877.486.2048**.
- The Social Security Administration at **800.772.1213**, Monday – Friday, 7 a.m. to 7 p.m. TTY/TDD users call **800.325.0778**.

HMO-POS Plans

With a SummaCare HMO-POS plan, you can receive care from any Medicare-approved provider even if they are not in your plan's network. Please note that your out-of-pocket costs may be higher if you select providers outside of our network.

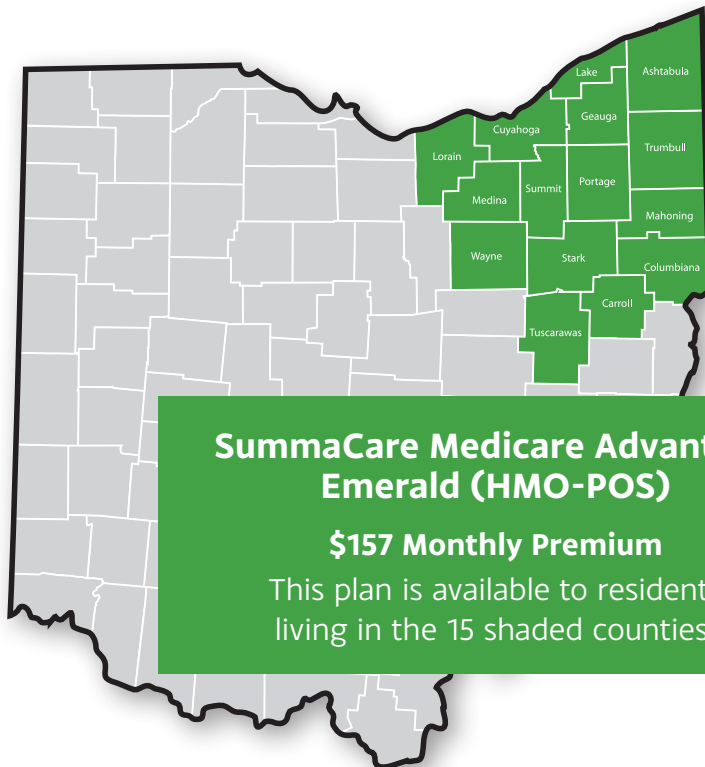
If you live in a county named on the map, you are eligible to enroll in that HMO-POS plan.



SummaCare Medicare Advantage Sapphire (HMO-POS)

\$83 Monthly Premium

This plan is available to residents living in the 31 shaded counties.



SummaCare Medicare Advantage Emerald (HMO-POS)

\$157 Monthly Premium

This plan is available to residents living in the 15 shaded counties.