



Summary of Benefits

SummaCare Medicare Advantage
Summa Health HMO Plan

SummaCare Medicare Advantage
Summa Health HMO-POS Plan

Plan Year January 1, 2026
through December 31, 2026





Matt A.
Cleveland member since 2025

Summary of Benefits

Premiums and Benefits	Summa Health SummaCare Medicare Advantage (HMO)	Summa Health SummaCare Medicare Advantage (HMO-POS)
Monthly Plan Premium	You must continue to pay your Medicare Part B premium.	
	You pay \$50	You pay \$82
Medical Deductible	These plans do not have a medical deductible.	
	You pay nothing.	You pay nothing.
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. 	
	\$3,600	\$3,550
Inpatient Hospital Coverage	Our plan pays for an unlimited number of days for an inpatient hospital stay.	
	In-network: \$260 copay per day for days 1 through 6. You pay nothing after day 6.	In-network: \$230 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.
Outpatient Hospital Coverage	Outpatient hospital: In-network: \$250 copay	
	Out-of-network: 20% of the cost	
Outpatient Hospital Coverage	Observation services: In-network: \$250 copay	
	Out-of-network: 20% of the cost	
Ambulatory Surgical Center	In-network: \$200 copay	In-network: \$210 copay Out-of-network: 20% of the cost

Summary of Benefits

Premiums and Benefits	Summa Health SummaCare Medicare Advantage (HMO)	Summa Health SummaCare Medicare Advantage (HMO-POS)
Provider Visits	You are not required to receive authorization before seeking care from any specialists.	
	Primary Care Physician visit: In-network: You pay nothing.	
	Specialist visit: In-network: \$35 copay	
Preventive Care (e.g., flu vaccines, diabetic screenings)	Our plan covers 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.	
	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	

Summary of Benefits

Premiums and Benefits	Summa Health SummaCare Medicare Advantage (HMO)	Summa Health SummaCare Medicare Advantage (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 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>	
	In-network: \$25 copay per visit	In-network: \$25 copay per visit Out-of-network: \$25 copay per visit
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):	
	In-network: \$150 copay	In-network: \$150 copay Out-of-network: 30% of the cost
	Diagnostic tests and procedures:	
	In-network: \$0-\$125 copay, depending on the location	In-network: \$0-\$75 copay, depending on the location Out-of-network: 30% of the cost
	Lab services:	
	In-network: \$0-\$8 copay, depending on the location	In-network: \$0-\$6 copay, depending on the location Out-of-network: 30% of the cost
	Outpatient X-rays:	
	In-network: \$0-\$110 copay, depending on the location	In-network: \$0-\$99 copay, depending on the location Out-of-network: 30% of the cost
	Therapeutic radiology services (such as radiation treatment for cancer):	
	In-network: 20% of the cost	In-network: 20% of the cost Out-of-network: 30% of the cost

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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: \$15 copay	In-network: \$15 copay Out-of-network: \$55 copay
	Supplemental routine hearing exam: In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$55 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	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 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 repairs and dentures.	You pay 70% coinsurance for bridges, crowns, crown repair and dentures.
	\$2,000 calendar year maximum for preventive and comprehensive dental services.	\$2,000 calendar year maximum for preventive and comprehensive dental services.
	Must use Delta Dental of Ohio Medicare Advantage PPO network.	Must use Delta Dental of Ohio Medicare Advantage PPO network.

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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 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 visit any vision provider you choose.</p>	
	Diagnostic eye exam:	
	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$55 copay
	Supplemental routine eye exam:	
	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$55 copay
	Annual prescription eyewear allowance:	
	\$250 allowance	\$305 allowance
	Glasses or contacts after cataract surgery:	
	In-network: You pay nothing.	In-network: You pay nothing. Out-of-network: 30% of the cost
	Yearly glaucoma screening:	
	In-network: You pay nothing.	In-network: You pay nothing. Out-of-network: \$20 copay

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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: \$260 copay per day for days 1 through 5. You pay nothing after day 5.	In-network: \$230 copay per day for days 1 through 4. You pay nothing after day 4. Out-of-network: 25% of the cost for days 1 through 90
	Outpatient group therapy visit:	
	In-network: \$35 copay	In-network: \$35 copay Out-of-network: \$55 copay
Skilled Nursing Facility	Outpatient individual therapy visit:	
	In-network: \$35 copay	In-network: \$35 copay Out-of-network: \$55 copay
	Our plan covers up to 100 days in a Skilled Nursing Facility. No prior hospital stay required.	
	In-network: You pay nothing per day for days 1 through 20.	
	In-network: You pay nothing per day for days 1 through 20.	
Rehabilitation and Physical Therapy	\$203 copay per day for days 21 through 100.	
	\$188 copay per day for days 21 through 100.	
	Out-of-network: \$188 copay per day for days 1 through 100.	
	Cardiac (heart) rehab services:	
	In-network: You pay nothing.	In-network: You pay nothing. Out-of-network: \$55 copay
	Occupational therapy visit:	
	In-network: \$35 copay	In-network: \$35 copay Out-of-network: \$55 copay
	Physical therapy and speech and language therapy visit:	
	In-network: \$35 copay	In-network: \$35 copay Out-of-network: \$55 copay

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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	
	Air Ambulance: In-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: You pay nothing for six (6) one-way trips per calendar year.	In-network: You pay nothing for ten (10) 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: 20% of the cost	In-network: 20% of the cost Out-of-network: 30% of the cost

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Premium and Benefits	Summa Health SummaCare Medicare Advantage (HMO)	Summa Health SummaCare Medicare Advantage (HMO-POS)
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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	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.	
	\$150	\$50
Initial Coverage Stage	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 \$2,000. You may get your drugs at network retail pharmacies and mail-order pharmacies.	
Tier 1 Preferred Generic Drugs	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay
Tier 2 Generic Drugs	Retail 1-Month Supply One Month: \$0 Three Month: \$10 Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$25 copay	Retail 1-Month Supply One Month: \$0 Three Month: \$10 Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$25 copay
Tier 3 Preferred Brand Name Drugs	Retail 1-Month Supply Preferred: \$41 copay Standard: \$47 copay Retail/Mail-Order 3-Month Supply Preferred: \$102.50 copay Standard: \$117.50 copay	Retail 1-Month Supply Preferred: \$41 copay Standard: \$47 copay Retail/Mail-Order 3-Month Supply Preferred: \$102.50 copay Standard: \$117.50 copay
Tier 4 Non-Preferred Drugs	Retail 1-Month Supply Preferred: 40% 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 1-Month Supply Preferred: 40% of the cost Standard: 50% of the cost Retail/Mail-Order 3-Month Supply Preferred: 40% of the cost Standard: 50% of the cost

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Part D Prescription Drugs

Tier 5 Specialty Drugs	Retail 1-Month Supply Preferred: 31% of the cost Standard: 31% of the cost Retail/Mail-Order 3-Month Supply A long-term supply is not available for drugs in Tier 5	Retail 1-Month Supply Preferred: 32% of the cost Standard: 32% of the cost 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/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 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.	

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Additional Benefits

Acupuncture Services	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	In-network: \$35 copay Out-of-network: \$55 copay
Telehealth Services	For each primary care, dermatological, behavioral health and substance abuse telehealth visit provided through Teladoc® Health or another in-network provider:	
	In-network: \$0 copay	In-network: \$0 copay Out-of-network: Not covered
	For all other in-network telehealth specialist visits:	
	In-network: \$20 copay	In-network: \$20 copay Out-of-network: Not covered
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, 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.	
	In-network: Up to 40 hours of assistance	In-network: Up to 50 hours of assistance Out-of-network: Not covered
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).	
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.	
	In-network: \$175 allowance per year	In-network: \$225 allowance per year Out-of-network: Not covered

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Chiropractic Care (Medicare-covered)	In-network: \$20 copay	In-network: \$20 copay Out-of-network: \$55 copay
Foot Care (Podiatry Services)	In-network: \$35 copay	In-network: \$35 copay Out-of-network: \$55 copay
Home Health Care	In-network: You pay nothing.	In-network: You pay nothing. 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	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	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: You pay nothing.	In-network: You pay nothing. Out-of-network: 30% of the cost
	Diabetes Self-Management Training:	
	In-network: You pay nothing.	In-network: You pay nothing. Out-of-network: \$20 copay
	Therapeutic Shoes or Inserts:	
	In-network: 20% of the cost	In-network: 20% of the cost Out-of-network: 30% of the cost
Outpatient Substance Abuse	Group Therapy Visit:	
	In-network: \$35 copay	In-network: \$35 copay Out-of-network: \$55 copay
	Individual Therapy Visit:	
	In-network: \$35 copay	In-network: \$35 copay Out-of-network: \$55 copay

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Premiums and Benefits	Summa Health SummaCare Medicare Advantage (HMO)	Summa Health SummaCare Medicare Advantage (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 	
	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$55 copay
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>	
	In-network: \$40 copay	In-network: \$40 copay Out-of-network: \$55 copay
Over-the-Counter (OTC) 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/otc for a complete list of plan-approved OTC items. You may also conduct a product search by retail service at summacare.com/otc. Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.</p>	
	In-network: \$75 allowance per quarter	In-network: \$75 allowance per quarter Out-of-network: Not covered
Renal Dialysis	In-network: 20% of the cost	In-network: 20% of the cost Out-of-network: 20% of the cost

Summary of Benefits

Premiums and Benefits	Summa Health SummaCare Medicare Advantage (HMO)	Summa Health SummaCare Medicare Advantage (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	Summa Health SummaCare Medicare Advantage (HMO)	Summa Health SummaCare Medicare Advantage (HMO-POS)
Optional Supplemental Dental	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 plan premium.	
	<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 preventive 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.	
	The following benefits are in addition to the embedded benefits covered in your plan (see page 6).	
	Inlays/Onlays:	
	50% coinsurance	50% coinsurance
	Periodontal Maintenance:	
	50% coinsurance	50% coinsurance
	Periodontal Non-Surgical Procedures:	
	50% coinsurance	50% coinsurance
	Periodontal Surgical Procedures:	
	50% coinsurance	50% coinsurance
	Denture Relines/Repairs:	
	50% coinsurance	50% coinsurance
Bridge Repairs:		
50% coinsurance	50% coinsurance	
Surgical Extractions/Oral Surgery:		
50% coinsurance	50% coinsurance	
Brush Biopsy:		
50% coinsurance	50% coinsurance	

Summary of Benefits

Premiums and Benefits	Summa Health SummaCare Medicare Advantage (HMO)	Summa Health SummaCare Medicare Advantage (HMO-POS)
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Optional Supplemental Dental Continued

Optional Supplemental Dental	Occlusal Guards/Occlusal Adjustments:	
	50% coinsurance	50% coinsurance
	General Anesthesia or IV Sedation when medically necessary:	
	50% coinsurance	50% coinsurance
	The following included benefits have a lesser cost share than embedded benefits covered in your plan (see page 6).	
	Bridges:	
	50% coinsurance	50% coinsurance
	Crowns & Crown Repairs:	
	50% coinsurance	50% coinsurance
	Dentures:	
	50% coinsurance	50% coinsurance



Elizabeth S.
Barberton Member Since 2023

Things to know about

SummaCare Medicare Advantage Summa Health HMO & SummaCare Medicare Advantage Summa Health HMO-POS plan

What do we cover?

SummaCare Medicare Advantage plans cover everything Original Medicare covers and more. All of our plans include Medicare (Part D) prescription drugs. You can see the complete plan formulary (list of covered drugs) and any restrictions on our website, summacare.com/find-your-drug and choose "Medicare Advantage." Or, call us and we will send you a copy of the formulary.

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 drug's tier, the pharmacy you use and what stage of the benefit you have reached.

Which providers, hospitals and pharmacies can I use?

For services received inside SummaCare's 33-county service area:

HMO plan: If you reside in or are traveling within the service area, you will receive the maximum amount of coverage if you use *SCMedicare* in-network providers.

HMO-POS plan: You may choose to use *SCMedicare* network providers to receive in-network copay levels or may choose to see non-*SCMedicare* network Medicare-approved providers to receive out-of-network copay levels.

For services received outside SummaCare's 33-county service area:

HMO and HMO-POS plan: You can access any Medicare-approved provider for services outside the SummaCare 33-county Ohio service area. SummaCare will pay the Medicare-allowed amount for all plan-covered services. In-network copay levels apply.

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 see your Evidence of Coverage for more information.



Questions?

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This is a summary document. The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the Evidence of Coverage (EOC). To request the EOC, please call 866.262.4410 (TTY 711). From October 1 - March 31, a representative is available to take your call from 8 a.m. - 8 p.m., seven days a week. From April 1 - 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. SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. Actual SummaCare Medicare Advantage plan members shown. Members were not compensated for their appearance. H3660_SC2249_C 10242025