

SummaCare Medicare Amber (HMO) offered by SummaCare

Annual Notice of Change for 2027

You're enrolled as a member of SummaCare Medicare Amber.

This material describes changes to your 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, 2026, you'll stay in SummaCare Medicare Amber.
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You* 2027 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 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

- 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 Amber

- SummaCare Medicare Amber is an HMO plan with a Medicare contract. Enrollment in SummaCare Medicare Amber 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 Amber.
- On January 1, 2027, SummaCare will be combining SummaCare Medicare Amber 1 and SummaCare Medicare Amber 2 with one of our plans, SummaCare Medicare Amber. This material tells you about the differences between your current benefits in SummaCare Medicare Amber 1 or SummaCare Medicare Amber 2 and the benefits you'll have on January 1, 2027, as a member of SummaCare Medicare Amber.

- **If you do nothing by December 7, 2026, you'll automatically be enrolled in SummaCare Medicare Amber.** Starting January 1, 2027, you'll get your medical coverage through SummaCare Medicare Amber. Go to Section 3.1 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
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.)	\$3,450	\$3,450
Primary care office visits	\$0 copay per visit	\$0 copay per visit
Specialist office visits	\$30 copay per visit	\$30 copay per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	You pay a \$250 copay per day for days 1-5 per hospital stay.	You pay a \$300 copay per day for days 1-5 per hospital stay.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Additional premium for optional supplemental benefits 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	\$38

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.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments count toward your maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$3,450	\$3,450 Once you've paid \$3,450 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 2027 *Provider Directory* at 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 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 your 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. You may have a special enrollment period if your provider leaves the plan network. 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 Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture services	\$20 copay per visit for up to a maximum of six combined acupuncture and therapeutic massage service visits per year.	Acupuncture and therapeutic massage services are <u>not</u> covered.
Emergency care	\$120 copay for Medicare-covered emergency room visits. (Copay waived if admitted within 24 hours.)	\$140 copay for Medicare-covered emergency room visits. (Copay waived if admitted within 24 hours.)
Inpatient hospital care	\$250 copay per day for days 1-5 per hospital stay. You pay nothing after day 5.	\$300 copay per day for days 1-5 per hospital stay. You pay nothing after day 5.

	2026 (this year)	2027 (next year)
Inpatient services in a psychiatric hospital	\$250 copay per day for days 1-4 per hospital stay. You pay nothing after day 4.	\$300 copay per day for days 1-4 per hospital stay. You pay nothing after day 4.
Over-the-Counter (OTC) items (Supplemental)	Amber 1: You have \$100 every quarter (3 months) to spend on plan-approved OTC items. Amber 2: You have \$25 every quarter (3 months) to spend on plan-approved OTC items.	You have \$90 every quarter (3 months) to spend on plan-approved OTC items.
Skilled nursing facility (SNF) care	\$0 copay per day for days 1-20. \$196 copay per day for days 21-100.	\$0 copay per day for days 1-20. \$221 copay per day for days 21-100.
Therapeutic massage services	\$20 copay per visit for up to a maximum of six combined therapeutic massage and general acupuncture service visits per year.	Therapeutic massage and general acupuncture services are <u>not</u> covered.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
The Amber 1 and Amber 2 segments are being eliminated and combined into one plan - Amber	The Plan Benefit Package (PBP) number for Amber 1 is 052-1. The PBP number for Amber 2 is 052-2.	The Plan Benefit Package (PBP) number for Amber is 058.

	2026 (this year)	2027 (next year)
The cost shares for additional hearing aid models are being provided	The cost shares for hearing aid models are a \$395 copay per hearing aid for Level 1 hearing aids and a \$695 copay per hearing aid for Level 2 hearing aids.	The cost shares for hearing aid models are a \$395 copay per hearing aid for Level 1 hearing aids, a \$695 copay per hearing aid for Level 2 hearing aids, an \$1,195 copay per hearing aid for Level 3 hearing aids, a \$1,495 copay per hearing aid for Level 4 hearing aids and an \$1,895 copay per hearing aid for Level 5 hearing aids.

SECTION 3 How to Change Plans

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

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from SummaCare Medicare Amber. Remember, not all Medicare health plans cover prescription drugs. Also be aware that for many plans you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from SummaCare Medicare Amber.
- **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 [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* 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, 2027, 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, 2027.

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 1-877-486-2048, 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 or
- 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 HIV Drug Assistance Program (OHDAP) 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 the Ohio HIV Drug Assistance Program (OHDAP) at 800.777.4775. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 5 Questions?

Get Help from SummaCare Medicare Amber

- **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 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, look in the 2027 *Evidence of Coverage* for SummaCare Medicare Amber. The *Evidence of Coverage* is the legal, detailed description of your 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 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 summacare.com/providerdirectory**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

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/consumers/medicare/01-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 [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

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

- **Visit [Medicare.gov](https://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 2027***

The *Medicare & You 2027* 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 [Medicare.gov](https://www.medicare.gov) or by calling 1.800.MEDICARE (800.633.4227). TTY users can call 877.486.2048.