



2021 Annual Updates



This annual publication has important information for you as a SummaCare member. Please keep this publication for future reference.

Health & Wellness Services

We provide our members with valuable health and wellness benefits, programs and discounts to help you live happier, healthier lives.

Condition Management

SummaCare wants to make sure you have the best and latest information on how to manage your health if you have a chronic condition. Learning how to properly self-manage your condition may help you prevent complications and improve your quality of life. SummaCare provides condition management programs for asthma, depression, diabetes, chronic kidney disease and heart failure.

If you have been diagnosed with any of these conditions, you may be enrolled in one or more of these programs. If enrolled, you will receive quarterly educational reminders about seeking preventive care. You will also be able to work with a nurse to better understand your condition and make healthy lifestyle decisions. These programs are at **no cost to you** and you may opt out at any time.

Health coaching may also be available as a part of your health plan benefit to provide lifestyle and behavior coaching to decrease the risk of developing chronic conditions. Health coaching can help you set goals in the areas of nutrition, physical activity, stress management and weight management.

SummaCare has also partnered with Medtronic to offer Healthy Home Monitoring for certain chronic conditions. If you qualify, you may receive a call from Medtronic offering enrollment into this in-home monitoring program.

If you would like to enroll in a condition management program or health coaching, please call our Health Services Management department at **330.996.8931 or 877.888.1164 (TTY 800.750.0750)** between 8:30 a.m. and 5:00 p.m., Monday through Friday. If you decide to opt out of our programs, please call our Health Services Management department.

SummaCare also provides support for high-risk pregnant moms. For more information, call **877.888.1164 (TTY 800.750.0750)**.

Case Management

SummaCare's Case Management (CM) program is available to you if you have been diagnosed with complex health problems or need help with the coordination of your care. In this program, SummaCare Case Managers, who are registered nurses, can assist you by accessing health or support services and transitions between hospital, home or other care settings. In many cases, Case Managers provide support to your doctor(s) by remaining in contact with them about your progress. The services offered in this program may be short-term in situations such as transitioning to a plan, going home after a hospital stay or transitioning from pediatric to adult care providers. Alternatively, long-term services may be needed for catastrophic or highly-complex problems. Case Managers can also help you find community resources that may be available to help you when you reach your benefit limits. More information on CM services is available at **summacare.com**. For more information, call **330.996.8931 or 877.888.1164 (TTY 800.750.0750)**, between 8:30 a.m. and 5:00 p.m., Monday through Friday.

Utilization Management

SummaCare supports a comprehensive Utilization Management (UM) program to ensure you receive the most appropriate, highest quality, evidence-based care.

Prior Authorization

One method used in this program is prior authorization of procedures. This process helps prevent the use of unnecessary procedures and helps provide safe, appropriate care for you. By reviewing a procedure before it takes place, SummaCare's Health Services Management professionals are able to determine if the procedure is a covered benefit and is clinically appropriate for you.

SummaCare receives routine and expedited/urgent requests to authorize services from 8:30 a.m. to 5:00 p.m., Monday through Friday at **330.996.8710 or 888.996.8710 (TTY 800.750.0750)**. SummaCare

maintains an incoming fax line available 24 hours a day, 365 days a year dedicated to receiving incoming authorization requests. Routine requests to authorize services can be faxed to **234.542.0815** using the Prior Authorization Request Form for services, which can be found at **summacare.com**. For urgent/expedited request, call **330.996.8710 or 888.996.8710 (TTY 800.750.0750)**.

SummaCare also maintains a voice mailbox to receive requests for authorizations outside of regular business hours. Communications received after normal business hours are returned on the next business day and communications received after midnight on Monday through Friday are responded to on the same business day.

Monitoring

SummaCare monitors the status of your care while in facilities such as hospitals and rehabilitation or skilled nursing centers. SummaCare reviews ongoing treatment to verify that appropriate care is taking place. Additionally, SummaCare nurses, through care coordination, help verify that post-discharge support is in place for optimal recovery. Through SummaCare's UM program, you have the satisfaction of knowing the medical services you receive are being monitored and the benefits associated with your plan are being maximized to the fullest. UM decision making is based only on appropriateness of care and service and existence of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

If you have any questions regarding SummaCare's UM Program, please call SummaCare Customer Service at **330.996.8700 or 800.996.8701 (TTY 800.750.0750)**. UM staff is available from 9:00 a.m. to 5:00 p.m., Monday through Friday to receive incoming calls either collect or toll-free; however, we can also receive calls after normal business hours. You may also obtain the medical criteria used in making a determination by calling **330.996.8641 or 888.996.8710 (TTY 800.750.0750)** and requesting the information.

WebMD® Health Manager

SummaCare's Health Manager provides online tools that make it easy to get started on your journey to improved health. It's also the perfect place to store your personal health record! Keep track of doctor visits, lab results, immunization records and medication history in one convenient, clutter-free place!

Begin with the HealthQuest Survey, a health appraisal tool developed by WebMD, that generates an electronic personal health record. You can save it, print it and review this information with your physician.

When your HealthQuest Survey is complete, you will receive immediate feedback on potential health risks and behaviors that can help reduce those risks. Based on your survey results and selected interests, you will also receive unlimited health news and education on a customized home page, benefit from online health coaching and gain access to the valuable tracking tools.

Log in and Register Today

It's SummaCare's goal to provide you valuable health and wellness information. To take the first steps toward improving your health, register online:

1. Have your Member ID card ready and visit **summacare.com/plancentral** then click "Login."
2. If you are a new user, click "Member Registration" and fill in the required fields.
3. Click on "My Resources," then the WebMD button.
4. When asked for Member ID, enter your Contract Number and two-digit Member Number.
5. Take the HealthQuest Survey and begin your journey to improved health!

Member Rights & Responsibilities

As a SummaCare member, you have the following rights and responsibilities. Please read them carefully. These statements help ensure that you are treated by SummaCare employees and all of our contracted providers with fairness and respect. Likewise, it is important that you understand your responsibilities as a SummaCare member. If you don't follow these responsibilities, you may not receive all of the services or coverage to which you might otherwise be entitled. Please call Customer Service if you ever feel you've been denied any of these rights or if you have any questions.

As a SummaCare member you have the right to:

1. Receive timely and accurate information about SummaCare including its services, its practitioners and providers and its members' rights and responsibilities
2. Be treated with fairness, respect and dignity
3. Be assured your medical records and personal health information will be handled confidentially and your privacy protected. Please refer to SummaCare's Notice of Privacy Practices (NOPP) for a complete description of your privacy rights
4. Participate with your healthcare professional in making decisions about your healthcare
5. A candid discussion of appropriate or medically/surgically necessary treatment options for your conditions, regardless of cost or benefit coverage
6. Voice complaints or appeals about SummaCare or the care provided
7. Provide advance directives that would inform your doctor of your wishes should you have a terminal illness or lose your ability to make decisions for yourself
8. A safe, secure, clean and accessible medical environment
9. Receive information about your coverage and costs as a member of SummaCare that is easy to understand
10. Obtain information about SummaCare and our contracted providers' financial arrangements and qualifications
11. See plan providers, get covered services and get your prescriptions filled within a reasonable period of time
12. Make recommendations regarding SummaCare's "Member Rights and Responsibilities" statement

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As a SummaCare member you have the responsibility to:

1. Provide (to the extent possible) information that SummaCare and its healthcare professionals need in order to care for you
2. Understand (to the degree possible) your health problems and participate in developing and following mutually agreed upon treatment goals
3. Follow the guidelines and instructions for care that you have agreed on with your healthcare professional
4. Keep medical appointments. If you cannot keep an appointment, you should notify the healthcare professional's office
5. Identify yourself via your membership card, to use the card appropriately and to assure that other people do not use your card
6. Respect SummaCare employees and your healthcare professional and refrain from using threatening or abusive language or mannerisms
7. Act in a way that supports the care given to other patients and help the smooth running of your doctor's office, hospitals and other offices
8. Familiarize yourself with your coverage and the rules you must follow to get care as a SummaCare member
9. Pay in full any plan premiums, copayments, coinsurance amounts or deductible required by your specific SummaCare benefit plan
10. Call SummaCare Customer Service if you have any questions, suggestions or problems with your care or payment

How to get more information about your rights and responsibilities:

If you have questions or concerns about your rights and responsibilities, or if you have been treated unfairly, or your rights have not been respected, you should call SummaCare Customer Service at **330.996.8885** or **800.996.8701 (TTY 800.750.0750)**.

From October 1 through March 31, a representative will be available to take your call from 8:00 am until 8:00 pm, seven days a week. From April 1 through September 30, a representative will be available to

take your call from 8:00 am until 8:00 pm, Monday through Friday. Outside of these hours, you may leave us a message and a representative will return your call the next business day. We will ensure that your issue is addressed and give you additional information about the complaint and appeal processes available to you.

If you have been treated unfairly due to your race, color, national origin, disability, age, religion, gender identity or sex, please let SummaCare know. You can also call the Office for Civil Rights in your area.

Women's Health and Cancer Rights Act of 1998: Annual Notice

The Women's Health and Cancer Rights Act was signed into law on October 21, 1998. This law provides mandatory coverage for women with respect to medical and surgical benefits after having a mastectomy, providing the health plan covers mastectomies.

Group health plans, as well as health insurance issuers offering coverage for mastectomies, are required to provide the coverage to participants, as well as those participants enrolled in an individual plan. The benefits under the Act include:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis
- Medical complications at all stages of the mastectomy, including lymphedemas

Copays, coinsurance and deductibles apply as long as they are consistent with other benefits under the plan. If you would like more information on benefits, call SummaCare Customer Service at **330.996.8700** or **800.996.8701 (TTY 800.750.0750)**.

Prescription Drug Member Portal

Access your personalized drug information anywhere, anytime with MedImpact's online member portal. This portal and mobile app lets you easily access the tools and info you need for healthier, more informed choices. You'll be able to find ways that may save you money, refill mail order drugs, view prescription history and so much more. Visit **medimpact.com** on your computer or mobile device to register or sign in. First-time users will need Member ID, Name, Date of Birth. For questions regarding benefits coverage, pharmacy network, account or site navigation: call toll-free: 877.391.1099 or the number on your ID card. You can also email **customerservice@medimpact.com** for assistance.

Quality Management

SummaCare provides a high-quality, low-cost comprehensive, community-focused health plan that maximizes service with our integrated health system and choice to our providers, members and employers. We are committed to a thorough and effective Quality Management Program that follows the principles of Continuous Quality Improvement to improve the care and services members receive.

- Major goals and objectives of the program include:
- Promoting and building quality into the structure and processes of our organization
 - Monitoring and working to improve outcomes
 - Enhancing the customer experience
 - Promoting preventive health and wellness through targeted interventions
 - Promptly identifying opportunities for improvement with actions for resolution

To remind and encourage members to get their preventive screenings SummaCare assists members by continuing to mail our annual preventive health and care opportunity letters. For members with chronic conditions such as diabetes and heart disease, care opportunity letters are sent, which provide important information about screening and care for specific conditions. These letters help identify recommended services for you and your family. The care opportunity letter is only sent to members if we have not received claims by mid-year for the recommended cancer screenings, blood pressure checks and other tests or services. The letters are followed by a reminder phone call later in the year for members with continued care opportunities.

SummaCare continues to evaluate and improve our outreach to members and providers to determine additional effective ways to help members get the care they need.

Your Mental Health

SummaCare is proud of the behavioral health coverage and benefits we offer to our members. Our network of behavioral health providers focus on building and maintaining strong mental health and supporting recovery. If you sometimes feel overwhelmed by life's ups and downs, you're not alone. Everyone feels that way at some point.

SummaCare's online provider search can help you find a provider who can help you feel better, whether you're dealing with day-to-day stress or whatever curves life throws your way. To ensure you have the appropriate access to behavioral health services, SummaCare sets standards to ensure you receive an appointment with a provider when you need it. Our standards require providers to see you within 10 working days for routine care, 48 hours for urgent care, 6 hours for non-life threatening emergency care and within 7 days following an inpatient psychiatric stay.

If you need help obtaining an appointment, please call the Customer Service number on the back of your Member ID card.

A Customer Service representative will help you find a provider who can meet your needs and, if necessary, will have a nurse case manager work directly with you to ensure your needs are met in a timely manner.

2021 Pharmacy Updates

Effective January 1, 2021 some drugs will be removed from the SummaCare Commercial Prescription Drug Formulary. If you are impacted you will receive a letter notifying you of this change. A complete list of formulary changes for 2021 can be found at summacare.com/drugbenefits.

Telehealth Services

If you're traveling, it's after hours, or on a weekend or you just can't make it to a doctor's office, consider using telehealth services offered through Teladoc®. Visits can be requested 24 hours a day, 365 days a year at no cost.

Covered services include visits with a board-certified internal medicine, pediatric or family medicine physician licensed in Ohio via phone or video for non-emergency care. Common conditions include:

- Cold and flu
- Bronchitis
- Allergies
- Pink eye
- Upper respiratory infections

Visits with therapists by phone or video for behavioral conditions. Common conditions include:

- Stress/anxiety
- Depression
- Addiction
- Domestic abuse
- Grief counseling

Licensed dermatologists are also available remotely for dermatological conditions and can be accessed through the web or mobile app.

In addition to Teladoc, you're also covered for telehealth visits with in-network primary care physicians, specialists and/or behavioral health and substance abuse providers. These visits can be scheduled through in-network providers.

Go to teladoc.com or call **800.835.2362 (TTY 855.636.1578)** to set up your Teladoc account. You can also download the app on the App Store or Google Play. You will be given instructions on what to do next once you call or log in.

Reporting Ethics and Compliance Concerns

You should report any compliance concerns or suspected violations, including:

- Privacy
- Fraud, waste or abuse, including: inaccurate billing, eligibility and enrollment

Call the Compliance Hotline at **330.996.8821** or **800.361.3908 (TTY 800.750.0750)**. (All calls are confidential and can be anonymous.)

Send an email to compliance@summacare.com. (All messages are confidential.)

Send mail (can be anonymous) to:
SummaCare, Inc.
ATTN: Compliance Officer
P.O. Box 3620
Akron, OH 44309-3620

Transitioning to Adult Care Providers

Turning 18 years old is a milestone that includes switching from your family pediatrician to an adult care provider. Members or dependents can continue seeing a pediatrician through most of their teen years, but at age 18, it is time to make a switch. A wide range of providers are available, including family practice, general practice, internal medicine and obstetrics and gynecology.

- To find a new provider:
- Visit summacare.com and click on the "Find Your Doctor" button.
 - Call the Customer Service number on the back of your Member ID card.
 - Log in to your Plan Central account to search.

Voicing Complaints & Filing Appeals

SummaCare is committed to providing excellent service and care. An important part of that commitment is to quickly and fully resolve member complaints or issues. We encourage members to let us know if there are questions, concerns or problems related to covered services or care received.

To voice a complaint such as the quality of care received, the way you were treated by a provider or privacy violations, call Customer Service at **330.996.8700** or **toll-free 800.996.8701 (TTY 800.750.0750)**. A Customer Service representative will ask questions about your complaint and if needed, investigate the facts.

The appeal process is used when a member disagrees with a decision to deny, reduce or terminate a requested service or a claim for payment. You have the right to appeal decisions about your coverage.

The complaint processes may vary for members enrolled in a self-insured plan. Members in these groups may consult the booklet for their employer sponsored health plan or call Customer Service at **330.996.8700** or toll-free **800.996.8701 (TTY 800.750.0750)**. For a complete description of SummaCare's complaint processes, refer to your current Evidence of Coverage, Certificate of Insurance or Individual Policy document.

Appeals – Appeals must be filed within 180 days from the date you first received notice of an adverse decision. For medically urgent appeals, call Customer Service at **330.996.8700** or **toll-free 800.996.8701 (TTY 800.750.0750)** and request your appeal be expedited. Any additional documentation that supports your request should be submitted with your appeal.

After SummaCare investigates the facts, individuals who had no involvement with the previous decision will review your appeal. For medical care or service issues, the appeal will be reviewed by a board certified physician or equivalent medical professional. The exact time frame for resolving your appeal and the number of steps in the process depend upon a few factors, including if the service is urgently needed, if the service has already been received and the denial reason.

For urgent appeals, you will be notified of the decision within 48 hours. Non-urgent pre-service appeals will be resolved within ten calendar days. For post-service appeals, you will receive a written decision no more than 30 days from receipt of your appeal request.

If you are dissatisfied with the outcome of your appeal, you may have the right to an independent review if the services requested are deemed non-covered services (excluded), not medically necessary or are considered experimental and you have a terminal illness. Medical appeals will be reviewed by a state accredited Independent Review Organization (IRO), which is a group of independent doctors and nurses. The Ohio Department of Insurance (ODI) will review benefit appeals.

TO FILE AN APPEAL IN WRITING

Send your request to:
SummaCare, Inc.
Appeals Department
P.O. Box 1107
Akron, OH 44309-1107

You can call us at **330.996.8700** or toll-free **800.996.8701 (TTY 800.750.0750)** and file your urgent appeal over the telephone. Or fax your appeal to **330.996.8545** or email it to **appeals@summacare.com**.

Advance Directives

What are they?

An advance directive is written instruction, recognized by state and federal laws, telling others the type of care you would want when you are not able to express your medical wishes.

There are two types of advance directives:

A **durable power of attorney** for healthcare is a document naming someone you trust to make health decisions if you can't make them yourself.

A **living will** tells which treatment you want in the event you have a medical emergency and are either mentally or physically unable to speak for yourself.

Why should you consider making an advance directive?

Advance directives are legal documents allowing you to tell your family, friends and healthcare professionals the kind of healthcare you would want or who you want to make decisions for you if you're too ill to speak for yourself.

You can use advance directives to give only a few orders about your care or very detailed orders, including the treatments you would accept or refuse to continue life, your wishes regarding organ or tissue donation and the measures to be taken if your heart or breathing stops.

The best time to make an advance directive is before you need one! It is good for anyone of any age to have an advance directive to let others know their medical wishes. You can change or cancel advance directives at any time provided you are capable of making your own decisions. You should review your advance directives periodically to keep them updated.

Important facts about advance directives:

- You have the right to express your healthcare wishes.
- You have the right to assign an agent to make healthcare decisions for you.
- You have the right to allow or refuse healthcare at any time, even after you have signed an advance directive.

- You are not required to complete an advance directive. It is against the law for anyone to force you to complete one.
- You cannot be discriminated against because you do not have an advance directive.
- You cannot be refused care because you do not have an advance directive.
- Advance directives can be changed at any time, prior to them taking effect. If you make a new advance directive, it cancels out any previous advance directive.

How to get advance directives:

- Get an advance directive from your attorney, local Area Agency on Aging, state health department, or your healthcare provider by going to **summacare.com/directives** and clicking on "State of Ohio Advanced Directives."
- Keep the original copies of your advance directives where you can easily find them.
 - Give a copy to your healthcare proxy, healthcare provider(s), hospital, nursing home, family and friends.
 - Carry a card in your wallet indicating you have an advance directive.

What if you think your advance directives were not followed?

If you think SummaCare or its providers, contractors, vendors or business associates are not following the rules for your advance directives, you may file a grievance with SummaCare or you may file a complaint with the state survey and certification agency (Ohio's is the Department of Health) by calling **800.669.3534** or call the SummaCare Compliance Hotline at **330.996.8821** or **800.361.3908 (TTY 800.750.0750)**.





What Can You Find Online at summacare.com?



Our new provider search offers:

- New search capabilities
- A “smart search” feature in case you do not know the exact spelling of a provider
- An opportunity to create a customized printable directory
- Enhanced listings of providers, including Group practice affiliations

What Can You Find?

Use the SummaCare online provider search to locate doctors, hospitals, dentists, specialty care, behavioral health services and other healthcare providers available through our network or you can call the Customer Service number on the back of your Member ID card. Go to summacare.com/providersearch.

Out-of-Area Coverage Information

If you are traveling outside the SummaCare service area, you are covered for emergency and urgent care and out-of-area renal dialysis services. Refer to your Evidence of Coverage to determine if your plan includes coverage for other services received outside of the SummaCare provider network. Emergency and urgent care services received outside of the United States are limited to \$25,000 per year.



Plan Central (Member Portal)

Visit summacare.com/plancentral

You can easily access information about your benefits 24/7. You will need your Member ID card to register. You may also request plan materials online or call the Customer Service number on the back of your Member ID card.

After signing in to your Plan Central account, you will be greeted with your personalized member screen/dashboard that features information relevant to your SummaCare plan, including:

- Plan name, provider network and drug formulary (if applicable)
- Plan documents
- Announcements and information
- Links to other benefit resources, such as Delta Dental of Ohio and WebMD® HealthManager
- Request temporary and new ID cards

In addition, through Plan Central, you can:

- View and pay your premium
- Request to receive electronic Explanation of Benefits documents
- View and print your prescription history
- View the current status and history of eligibility, claims and authorizations
- View amounts accumulated toward any applicable deductibles
- Access WebMD Health Manager
- View or edit Primary Care Physician assignment

Also, sign up for SummaCare eNews, our monthly e-newsletter dedicated to bringing you the latest health insurance news, benefits and updates as well as health and wellness tips.

Register for Plan Central Today!



Find Your Pharmacy

Access a list of network pharmacies through our pharmacy search.



Find Your Drug

Use the Find Your Drug tool for the following:

- Search for prescription drug information
- Search your drug formulary - the formulary will indicate if a drug has limitations such as Prior Authorization, Step Therapy or Quantity Limits.

To download a pharmacy form, find prescription drug information or the drug formulary, go to summacare.com/drugbenefits.



Member Resources

Forms available include:

- Change your Primary Care Physician
- Request new ID card
- Request benefit materials



Identity Theft and Fraud Attempts

Fraudulent attempts to gain access to personal and financial information are being conducted in a variety of ways. Some of these messages may look and sound like authentic requests but ALL of these should be considered as attempts to deceive you into revealing personal data that will compromise personal health information, identity and financial accounts.

ALL attempts to gain this information need to be taken seriously and if information has been disclosed, take follow-up action immediately.

Protect your information: Never give out any personal information in person, over the phone or on the Internet to people or companies with which you are unfamiliar.

Verify the caller: If personal information is requested, verify the request (prior to giving information) by calling the company or organization back, using a telephone number from an independent source.

Nothing is ever “free.”: Don't accept offers of money or gifts for free medical care or medical supplies from a door-to-door salesperson.

Hang up: If someone is calling and you have no way of knowing who the person really is, where they're calling from or what they want from you – hang up.

Do not give out personal information: Do not answer questions about your personal or financial information.

Consider: Placing your number on the Do Not Call Registry will block most unwanted telemarketers. To register, call **888.382.1222 (TTY 866.290.4236)** or go to **donotcall.gov**.

If you do give out information: If you provide any personal information to one of these callers, consider contacting your financial institution, your health plan and local law enforcement. Be prepared to provide specific information regarding the incident.

If you suspect fraud, please call the SummaCare Compliance Hotline **330.996.8821** or **800.361.3908 (TTY 800.750.0750)**.

Frequently Asked Questions

What if I have questions about my health insurance coverage?

Call the Customer Service number on the back of your Member ID card.

Is my deductible per calendar year?

Your deductible is based on the calendar year and will start over every January 1.

Do I need a referral to see a specialist?

Referrals are not needed for an office visit only, but certain services do require prior authorization. Please refer to the prior authorization list at summacare.com.

How do I obtain emergency care and what is SummaCare's policy on when to directly access emergency care or use 911 services?

An emergency is defined as a medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain, that a prudent layperson with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following: placing the health of the individual or the health of a pregnant woman or her baby in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any body organ or part. No referral or authorization is needed for emergency care. If you experience symptoms that meet the definition of an emergency, call 911 for emergency assistance or go to the nearest hospital.

How do I obtain care after office hours?

If you need emergency care, call 911 or go to the nearest hospital. If you need medical advice after normal office hours, call SummaCare's 24-Hour Nurse Line at **800.379.5001 (TTY 800.750.0750)**.

What are my copayments and other charges I am responsible for?

For copayment and/or coinsurance information specific to your plan, please refer to your Schedule of Benefits. You may view your Schedule of Benefits by logging in to Plan Central

on summacare.com. You may also request materials online or call the Customer Service number on the back of your Member ID card.

Where can I get my diabetes testing supplies?

HOMELINK and its preferred provider CornerStone are the exclusive providers for diabetes supplies and durable medical equipment to SummaCare members. For questions or if you need supplies, call HOMELINK at **844.358.2549 (TTY 800.750.0750)**.

What benefit restrictions apply to services obtained outside SummaCare's service area?

To review out-of-network benefit restrictions, please refer to your Certificate of Insurance or Policy. You may request these materials at summacare.com/requestmaterials or call the Customer Service number on the back of your Member ID card.

How do I submit a claim for covered services?

If you receive care from an in-network provider, you do not need to submit a claim for the covered services. If you receive care from an out-of-network provider, please complete and submit a Medical Claim Form, which can be found at summacare.com/faqs.

How does SummaCare evaluate new technology for inclusion as a covered benefit?

SummaCare is committed to providing members with access to the most up-to-date treatment and state-of-the art care that is both safe and effective. This commitment requires thoughtful evaluation of emerging new technologies on an ongoing basis for inclusion in the SummaCare benefit package. SummaCare's Health Services Management staff monitors evidence-based medicine research sites regularly to assess new medical technologies. These sites include, but are not limited to the, Agency for Healthcare Research and Quality, Centers for Medicare and Medicaid Services, American Medical Association, U.S. Preventive Task Force and other professional medical association entities.

How do I get help transitioning my care to another physician?

A SummaCare Case Manager is available to help you transition to new providers or you can reference the provider search on summacare.com. To contact a Case Manager for help with a transition, call **330.996.8931** or **877.888.1164 (TTY 800.750.0750)** between 8:30 a.m. and 5:00 p.m, Monday through Friday.

How does SummaCare make sure my health information is protected?

SummaCare has internal processes to ensure the protection of oral, written and electronic protected health information. In addition, SummaCare has internal processes to protect the health information shared with your plan sponsor. For more information, go to summacare.com and click on the "Legal & Privacy" link at the bottom.

How is SummaCare improving the member experience with the utilization process?

SummaCare is improving your access to healthcare services by streamlining its authorization processes for services requiring authorization and by improving our response time when providers call to obtain authorization. This means you can schedule a test or treatment faster. In addition, providers associated with our Accountable Care Organization (ACO) are working to improve your access to primary care physicians and specialists. This means when you call to get an appointment, you can get one when you need it.

How do I get prior authorization for hospital services?

Your in-network providers are responsible for obtaining authorization 48 hours prior to the provision of services. If you use a provider that is not in your network, it is your responsibility to obtain any required prior authorization. If you have a non-urgent prior authorization request, please fax **234.542.0811**. If it is an urgent request, please call **330.996.8710** or **888.996.8710 (TTY 800.750.0750)**.

How do I obtain Primary Care, Specialty Care, Behavioral Health Services and Hospital Services?

Your SummaCare network includes primary care, specialty care and behavioral health providers such as cardiologists, orthopedics, endocrinologists, psychiatrists, psychologists, counselors and social workers to assist you with your medical and behavioral health needs. You can find a list of these providers on the online search or you can call the Customer Service number on the back of your Member ID card. We encourage you to discuss your behavioral health needs with your primary care physician and ensure consent forms are signed so behavioral health information can be shared with your primary care physician. A referral is not required for you to receive specialty care or behavioral health services. Your SummaCare network also includes hospital services and a list of these facilities can be found on the online search or call the Customer Service number on the back of your Member ID card.

Your SummaCare plan also includes access to a Case Manager to help you find and coordinate behavioral healthcare services. To speak with a Case Manager, call **330.996.8931** or **877.888.1164 (TTY 800.750.0750)** between 8:30 a.m. and 5:00 p.m, Monday through Friday.



Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

SUMMARY

YOUR RIGHTS

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Help manage the healthcare treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment, and health-

care operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by calling the number on the back of your Member ID card.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877.696.6775 (TTY 800.750.0750) or visiting [hhs.gov](https://www.hhs.gov).
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in payment for your care
- Share information in a disaster relief situation

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the healthcare treatment you receive

- We can use your health information and share it with professionals who are treating you.
- **Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- **Example:** We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- **Example:** We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- **Example:** Your company contracts with us to provide a health plan and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information visit [hhs.gov](https://www.hhs.gov).

Help with public health and safety issues

- We can share health information about you for certain situations such as:
- Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers’ compensation, law enforcement and other government requests

- We can use or share health information about you:
- For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law

- For special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information visit [hhs.gov](https://www.hhs.gov).

Changes to the Terms of this Notice

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request on our website and we will mail a copy to you.

Effective date: February 1, 2004
Revised date: August 11, 2020

SummaCare
1200 E. Market Street, Suite 400
Akron, OH 44305
[summacare.com](https://www.summacare.com)

SummaCare Privacy Officer
Phone: 800.361.3908 (TTY 800.750.0750)
Email: compliance@summacare.com



SummaCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, gender identity or sex. SummaCare does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, gender identity or sex.

SummaCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service.

If you believe that SummaCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, religion, gender identity or sex, you can file a grievance through Customer Service:

Civil Rights Coordinator PO Box 1107
Akron, OH 44309-1107
Toll-free: 1-855-416-6441
TTY: 800-750-0750
Fax: 330-996-8545
Email: appeals@summacare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Customer Service Representative is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ATTENTION: Interpreter Services available. Someone who speaks your language can assist you.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-416-6441 (TTY: 1-800-750-0750).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-416-6441 (TTY : 1-800-750-0750)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-416-6441 (TTY: 1-800-750-0750).

ملحوظة: إذا كنت تتحدث اللغة العربية، فيمكنك الحصول على خدمات المساعدة اللغوية فهي تتوفر لك بالمجان. يمكنك الاتصال على هاتف رقم (1-800-416-6441) أو (1-800-750-0750 المخصص للصم والبكم).

Wann du schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-416-6441 (TTY: 1-800-750-0750).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-416-6441 (TTY: 1-800-750-0750).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-416-6441 (ATS : 1-800-750-0750).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-416-6441 (TTY: 1-800-750-0750).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-416-6441 (TTY: 1-800-750-0750).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-416-6441 (TTY: 1-800-750-0750). 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-416-6441 (TTY: 1-800-750-0750).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-416-6441 (TTY: 1-800-750-0750) まで、お電話にてご連絡ください。

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-416-6441 (TTY: 1-800-750-0750).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-416-6441 (телетайп: 1-800-750-0750).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-416-6441 (TTY: 1-800-750-0750).

ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने तपाईंले निःशुल्कमा भाषा सहायता प्राप्त गर्न सक्नुहुन्छ। 1-855-416-6441 (TTY:1-800-750-0750) मा फोन गर्नुहोस्।

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24-Hour Nurse Line

Going to the emergency room (ER) may not be the most appropriate place to treat certain conditions. By calling the 24-Hour Nurse Line, you may be able to avoid an unnecessary visit to the emergency room and save on expensive hospital costs.

A registered nurse will be able to assess your symptoms, offer advice on self-care options or refer you to an urgent care center directly over the phone. As a member, you can call the 24-Hour Nurse Line anytime of the day or night from anywhere in the country. Keep this number handy when you are out of town or have an emergency and don't know where to turn for advice.

The 24-Hour Nurse Line is a FREE service from SummaCare designed to supplement your physician's care.



FREE
24-Hour
Nurse Line
800.379.5001
(TTY 800.750.0750)