

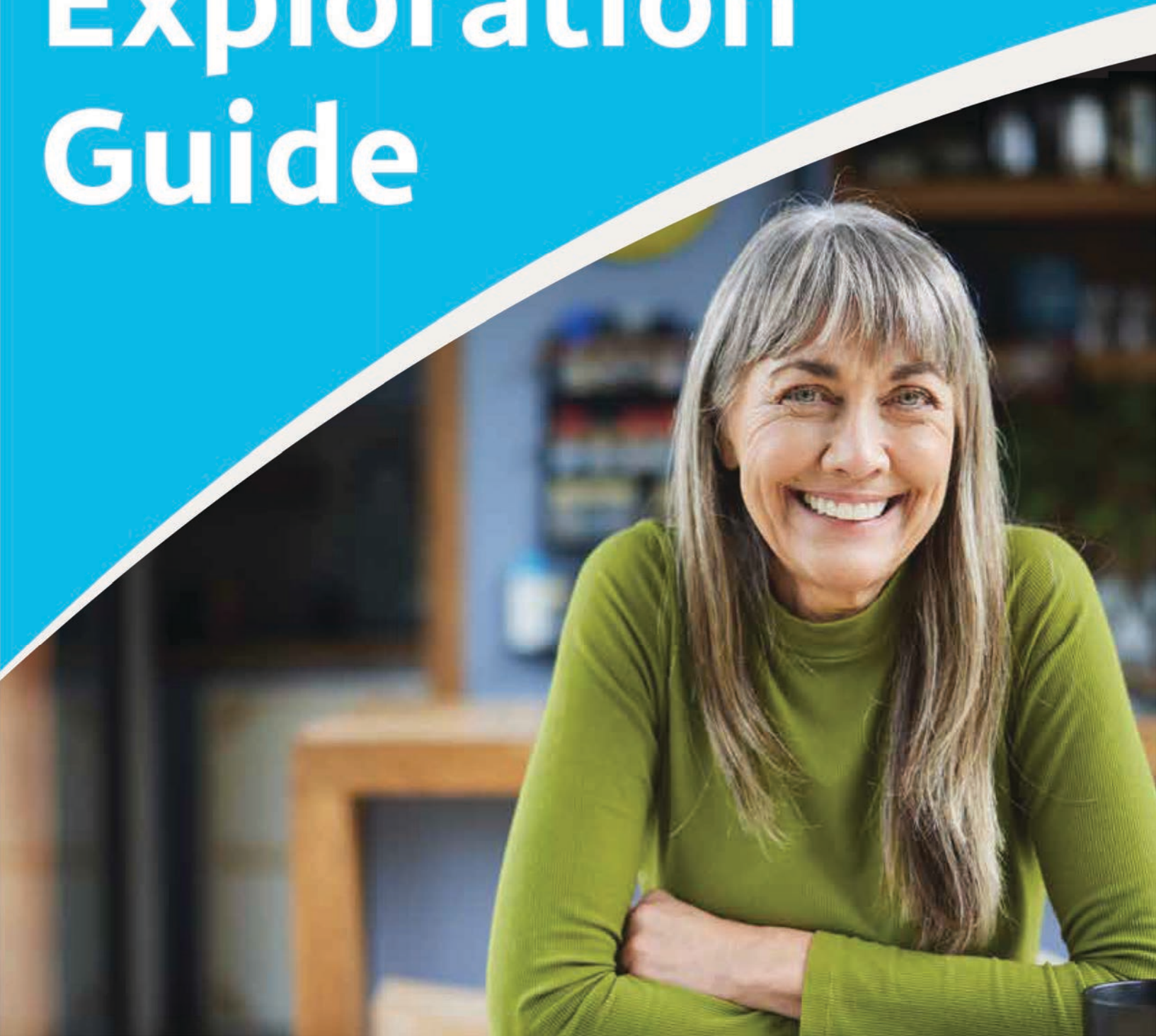


SummaCare<sup>SM</sup>

Health Insurance

2025 Medicare Advantage Plans

# Exploration Guide





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# Begin Your Personal SummaCare Journey

We are committed to contributing to a healthier community by guiding you to be the healthiest version of yourself.

SummaCare Medicare Advantage plans are "all-in-one" – meaning, your medical, prescription drugs, dental, vision and other healthcare coverage are all in one convenient budget-friendly plan.

As you read on, you'll notice SummaCare goes beyond basic Medicare with valuable extra benefits designed to keep you healthy.

With a focus on member satisfaction, your good health is our top priority.





**Linda I.**

Member since 2021, Akron

# 2025 SummaCare Medicare Advantage Plans

## Choose the plan that's right for you.

Our plans start with comprehensive medical and prescription drug\*\* (Part D) coverage. From there, you select the plan that's right for your needs and budget.

| Topaz<br>(HMO)                                    | Jade NE<br>(HMO)  | Jade NW<br>(HMO)       | Garnet<br>(HMO)               | Ruby<br>(HMO)                      | Sapphire<br>(HMO-POS)   | Emerald<br>(HMO-POS)   |
|---|---|------------------------|-------------------------------|------------------------------------|---|--|
| <b>\$0</b><br>Premium                             | <b>\$12</b><br>Premium                                  | <b>\$12</b><br>Premium | <b>\$24</b><br>Premium        | <b>\$48</b><br>Premium             | <b>\$80</b><br>Premium  | <b>\$152</b><br>Premium  |
| <b>Plan Highlights</b>                            |   |                        |                               |                                    |   |  |
| Many Extra Benefits                               | Build your own plan with Bene-Flex™ based on your needs |                        | Most enhanced extra benefits. | Lower hospital & outpatient copays | Low copays and enhanced coverage for out-of-network services. | Lowest copays for brand-name prescriptions and specialist visits |
| <b>Maximum out-of-pocket (MOOP)</b>               |   |                        |                               |                                    |   |  |
| \$4,000   | \$4,500   |                        | \$4,200                       | \$3,600                            | <b>HMO/POS covers out-of-network hospitals &amp; doctors</b>  |  |
|   |   |                        |                               |                                    | \$3,650   | \$2,800  |
| <b>Dental Max</b>                                 |   |                        |                               |                                    |   |  |
| \$3,000 Dental max                                | \$3,000 Dental max                                      |                        | \$2,500 Dental max            | \$2,000 Dental max                 | \$2,000 Dental max  | \$2,000 Dental max   |
| <b>Over-the-Counter (OTC) Quarterly Allowance</b> |   |                        |                               |                                    |   |  |
| \$90  | \$85  | \$70                   | \$80 / \$85*                  | \$60                               | \$75  | \$55   |

\*Garnet 1 allowance: \$80 / Garnet 2 allowance: \$85

\*\*Part D Prescription Drug coverage is not included with the Amber (HMO) plan.

For a complete description of coverage by plan, please refer to the Summaries of Benefits included in this Guide.

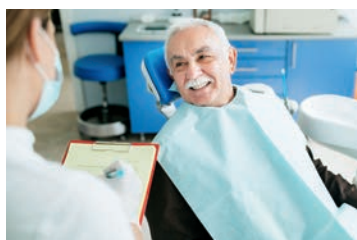
# Go Beyond Basic Medicare with Valuable Extra Benefits

Our plans cover everything that Original Medicare covers and more!



## Benefit Bucks & SummaCare Visa Card

Every member will receive a SummaCare Visa card to spend your various Benefit Bucks, including—Over-the-Counter (OTC) Allowances, Preventive Care Rewards and Jade Bene-Flex™ allowances. How members earn/receive Benefit Bucks and corresponding amounts may vary based on current plan.



## Dental Coverage through Delta Dental

You're covered for a wide variety of services including cleanings, fluoride treatments, x-rays, exams, fillings, simple extractions and root canals. Coverage for bridges, crowns and dentures is also available on all plans. Optional Supplemental Dental coverage can be purchased for an additional monthly premium.



## Vision Coverage

You'll receive an annual reimbursement amount to use toward the purchase of frames/lenses or contact lenses with the freedom to purchase **anywhere** you choose. Coverage also includes in-network diagnostic and routine vision exams for a \$0 copay at network providers.



## Hearing Coverage

You're covered for one hearing aid per ear every year; choose from a wide variety of hearing aids and only pay a \$395 or \$695 copay per hearing aid, depending on model selected. Amplifon does have additional hearing-aid models available for purchase at a discounted rate.



## Over-the-Counter (OTC) Items

Use your SummaCare Visa card to spend your OTC quarterly allowance on non-prescription OTC health-related items. Your OTC allowance can be used to obtain health-related items over the phone, online or in person at more than 68,000 participating retailers nationwide.

Topaz (HMO) plan members (with a qualifying health condition\*) may choose to use their OTC allowance for healthy grocery items.





## SilverSneakers®

The SilverSneakers fitness program is the nation's leading wellness program for Medicare beneficiaries. You'll receive a fitness membership at no cost to you with access to basic amenities and group exercise classes at participating fitness locations. You'll also have access to live online classes and workshops from the comfort of your home. SilverSneakers has also teamed up with GetSetUp to bring you new ways to learn and grow beyond your fitness benefit. At no extra cost, SummaCare members may choose from hundreds of peer-led classes to make your learning journey fun and rewarding. For example, you can learn how a smartphone can simplify your life, baking basics, recycled crafts, strength training for adults and so much more!



Jade  
(HMO)

Benefit must be selected as a Bene-Flex™ option to be utilized on the Jade plan.



## Papa Pals

**Hang Out and Help Out.** Papa pairs our members with 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), technology assistance, help with errands or simply someone to talk to. When a Papa Pal supports a SummaCare Medicare Advantage member, they're also offering relief and respite to caregivers who need it.



Jade  
(HMO)

Benefit must be selected as a Bene-Flex™ option to be utilized on the Jade plan.



## Travel Coverage

Through our **visitor/travel benefit**, members receive in-network coverage levels (for most benefits) when visiting a Medicare-participating provider in Arizona, Florida and Texas. **New for 2025:** Garnet (HMO), Jade (HMO) and Topaz (HMO) plan members also have travel coverage for North and South Carolina. Whether you're a snowbird or regularly travel, go with confidence knowing you're covered.

Note: You still must use SummaCare network providers for Part D prescription drugs and certain supplemental benefits for in-network coverage to apply. Our plans also have built-in **worldwide emergency, urgent care coverage and ambulance services** too, so you can travel close to home or around the world, worry-free.

\*This benefit is part of a special supplemental program for the chronically ill; members must have a diagnosis of diabetes mellitus type 1 or type 2, congestive heart failure, chronic kidney disease, COPD, coronary artery disease, chronic non-alcoholic fatty liver disease, autoimmune disease, chronic and disabling mental health conditions, or neurologic disorders to choose/utilize it.



## Meal Delivery

You are covered for nutritious, fully prepared meals created by chefs and registered dietitians that fuel healthy living! Following a hospital stay or with a qualifying health condition\*, you can receive home-delivered, nutritious meals to help you focus on rest and recovery. Non-Jade plan members can utilize this benefit if they are a diabetic with an A1C (over 8).



**Jade  
(HMO)**

Benefit must be selected as a Bene-Flex™ option to be utilized on the Jade plan.



## Telehealth Services

You're covered for telehealth visits with primary care providers, specialists and/or behavioral health and substance abuse providers. Visits can be scheduled through in-network providers or through Teladoc Health. Most Teladoc Health visits can be scheduled 24 hours a day, 365 days a year.



## Acupuncture Services

If you have chronic low back pain, you're covered on all plans. Supplemental acupuncture services are available on Topaz (HMO), Jade (HMO), Garnet (HMO) and Emerald (HMO-POS) plans. Visits must be scheduled through HOMELINK.



**Jade  
(HMO)**

Benefit must be selected as a Bene-Flex™ option to be utilized on the Jade plan.



## Diabetes Supplies

Receive supplies to monitor your blood glucose including test strips, lancet devices, lancets and glucose-control solutions for no cost when using Abbott and/or Lifescan products through any in-network pharmacy. Abbott products are also available through HOMELINK.



## Home Safety Devices

You may qualify for coverage for home safety devices, such as grab bars, shower stools and more. To qualify you must have had within the last 12 months, any of the following: hip replacement, knee replacement or femur fractures; or a diagnosis of falls, as documented by a provider. Emerald (HMO-POS) and Jade (HMO) members do not need a qualifying diagnosis to use this benefit.



**Jade  
(HMO)**

Benefit must be selected as a Bene-Flex™ option to be utilized on the Jade plan.



## Therapeutic Massage Services

You're covered for therapeutic massage services performed by in-network providers. Requires a provider's order. This benefit is not available on the Ruby (HMO) and Sapphire (HMO-POS) plans.



Jade  
(HMO)

Benefit must be selected as a Bene-Flex™ option to be utilized on the Jade plan.



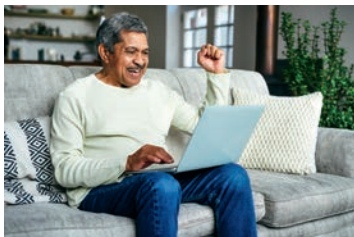
## Transportation

You're covered for a defined number of trips to medical appointments. Most trips can be scheduled in as little as 30 minutes and you can see providers throughout SummaCare's 33-county service area. HOMELINK coordinates most transportation trips using local ride-share vendors such as Uber and Lyft. Please schedule stretcher or electric wheelchair transport at least 72 hours in advance; wheelchair and ambulatory sedan trips should be scheduled 48 hours in advance.



Jade  
(HMO)

Benefit must be selected as a Bene-Flex™ option to be utilized on the Jade plan.



## BrainHQ Memory Fitness

In the simplest of terms, BrainHQ is an online, evidence-based program to address 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. This benefit is not available on the Topaz (HMO) plan. Jade (HMO) members may select this benefit as one of their Bene-Flex™ elections.



Jade  
(HMO)

Benefit must be selected as a Bene-Flex™ option to be utilized on the Jade plan.



Emerald  
(HMO-POS)

Jade  
(HMO)

## PERS (Personal Emergency Response System)

**Offered with the Emerald plan and can be selected with the Jade plan.** The PERS (Personal Emergency Response System) benefit, offered through ConnectAmerica, provides 24/7 emergency assistance and care, increasing safety, independence and extending quality of life while enabling individuals to safely age in place (GPS-enabled to work outside the home). Jade (HMO) members may select this benefit as one of their Bene-Flex™ elections.

ConnectAmerica

**Call us now at 888.290.0610 (TTY 711) for more details on coverage amounts, limitations and copays for each of these services.**

\*This benefit is part of a special supplemental program for the chronically ill; members must have a diagnosis of diabetes mellitus type 1 or type 2, congestive heart failure, chronic kidney disease, COPD, coronary artery disease, chronic non-alcoholic fatty liver disease, autoimmune disease, chronic and disabling mental health conditions, or neurologic disorders to choose/utilize it.



# Benefit Bucks on Your SummaCare Visa Card



## Three Ways SummaCare Medicare Advantage Members May Use Your Benefit Bucks on Your SummaCare Visa

①

### Over-the-Counter (OTC) Allowance Benefit Bucks

**All SummaCare Medicare Advantage plans offer a quarterly OTC allowance that may be used to buy non-prescription drugs and everyday health-related items, for example:**

- Pain relievers
- Cough drops
- Skin & sun care
- Antacids
- First aid supplies
- Vitamins

OTC allowance amounts vary by plan and unused quarterly balances do not roll over. Your OTC allowance can be used to order health-related items over the phone, online or in person at participating retailers.

Topaz (HMO) plan members who elect to use OTC funds for Healthy Grocery\* items may use their SummaCare Visa card at participating retailers.

②

### Preventive Care Rewards Benefit Bucks

**All SummaCare Medicare Advantage members are also eligible to receive rewards on your SummaCare Visa card for receiving key preventive care services, including:**

- Annual Wellness Visit—\$50
- Breast Cancer Screening—\$10
- Colorectal Cancer Screening—\$10

Member rewards may also be used at participating retailers. The only restrictions regarding your SummaCare Visa card and corresponding reward dollars are that these funds may not be used to make alcohol, tobacco, firearm, fuel, lottery or gift card purchases.

3

### Bene-Flex™ Benefit Bucks—Chosen By Members on the Jade (HMO) Plan

As a Jade plan member, if you choose either one of the following on Bene-Flex Tier 3, you will receive Benefit Bucks:

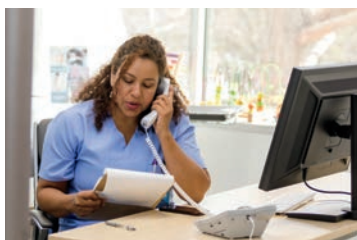
- **Flex Card with additional \$500 allowance for dental, vision and hearing expenses above and beyond the benefit.** These funds will be loaded on your SummaCare Visa card. You can use your additional allowance at any vision hardware provider. You may use your additional allowance with your Delta Dental provider or other dentists of your choice. You can use your allowance toward hearing aids at any provider in or out of network.
- **\$40/month allowance for healthy grocery items\*** (for example fruits, vegetable, milk, eggs, etc.) will be loaded on your SummaCare Visa card. This monthly allowance may be used at any participating locations. More information is available at [summacare.com/otc](http://summacare.com/otc).

\*These benefits are part of a special supplemental program for the chronically ill; members must have a diagnosis of diabetes mellitus type 1 or type 2, congestive heart failure, chronic kidney disease, COPD, coronary artery disease, chronic non-alcoholic fatty liver disease, autoimmune disease, chronic and disabling mental health conditions, or neurologic disorders to choose/utilize it.



# Health & Wellness Programs

All of our plans include health and wellness programs and services designed to help you feel your best.



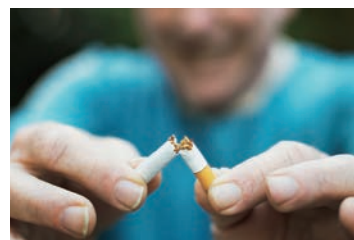
## 24-Hour Nurse Line

You'll have access to a registered nurse 24 hours a day, seven days a week who can answer your medical questions.



## Health Coaching and Condition Management

Condition Management includes a registered nurse helping you learn how to better manage your chronic condition and how to maintain and improve your quality of life.



## QuitCare

SummaCare can offer support to smokers who are ready to kick the habit. Quitting specialists will enroll members in the FREE QuitCare counseling program. Members may also choose to receive FREE nicotine replacement patches.



## Preventive Health Reminders and Incentives!

Do you sometimes forget to schedule regular check-ups? Once you're a member, we'll send you reminders for preventive services and other recommended care for common conditions.



## Health Manager Powered by WebMD®

Once you're a member, you'll get exclusive access to WebMD's Health Manager online tool. Set personal goals, monitor your health progress, track results, set personal health and wellness reminders. It's like having a personal health coach working with you 24/7.

---

## Plus, many enhanced care management programs!

If you are living with a serious or chronic health condition, SummaCare offers members additional programs and services designed to help you stay independent and feel your best. If you qualify, our Care Management team will reach out to you once you're a member.

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**Greg W.**  
Member since 2021, Cleveland



[summacare.com/medicare](https://summacare.com/medicare)

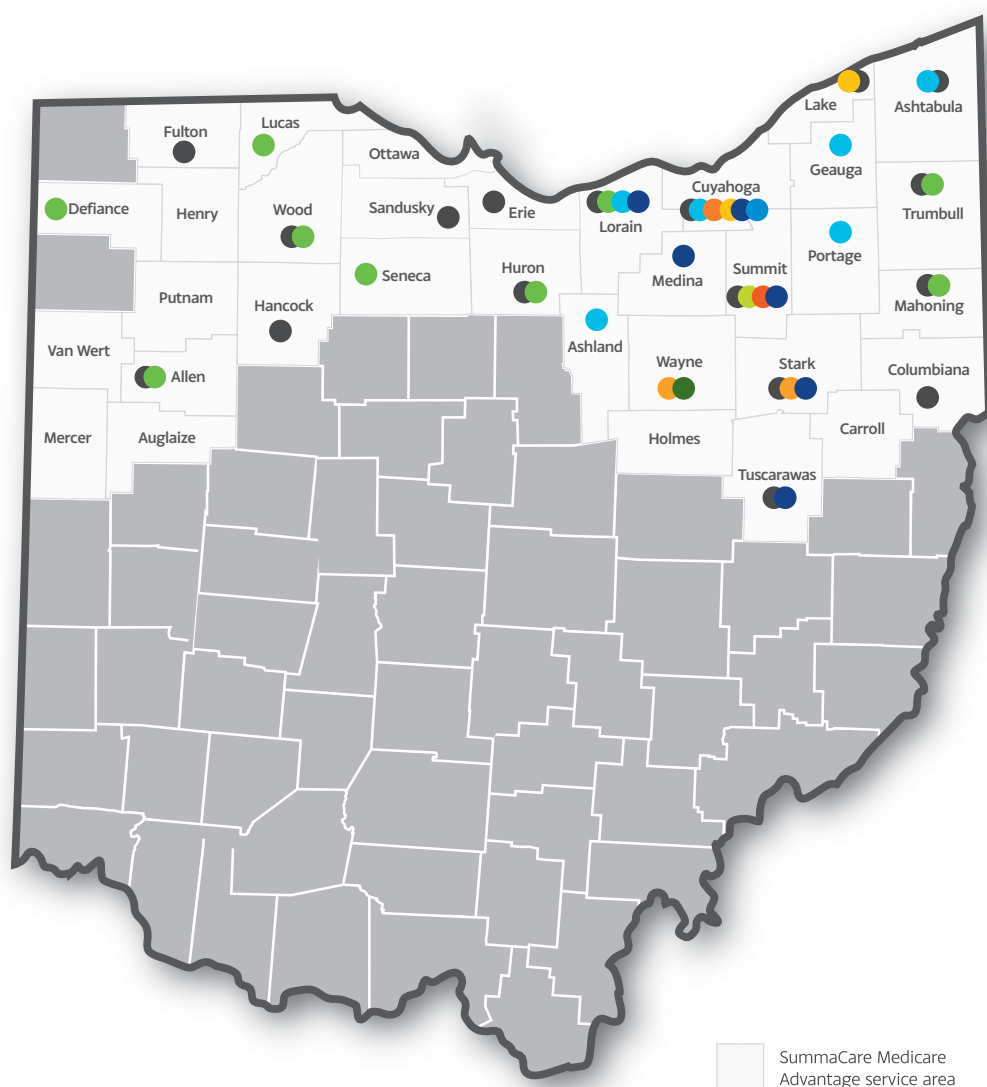
# **Provider Network**





# Provider Network

SCMedicare is SummaCare's extensive network of providers and health systems that stretches across 33 northern Ohio counties.



-  **AULTMAN**
-  **Cleveland Clinic**
-  **Lake Health**
-  **MERCYHEALTH**
-  **MetroHealth**
-  **Southwest General**  
Partnership with University Hospitals
-  **Summa Health™**
-  **University Hospitals**
-  **WESTERN RESERVE HOSPITAL**  
Private Provider Contract
-  **Wooster Community Hospital**  
HEALTH SYSTEM
-  **Other Network Hospitals**

## Provider Network

### SCMedicare Network Hospitals by County

#### Allen

- Bluffton Hospital
- Institute for Orthopaedic Surgery
- Mercy Health
  - St. Rita's Medical Center

#### Ashland

- University Hospitals
  - Samaritan Medical Center

#### Ashtabula

- Ashtabula County Medical Center
- University Hospitals
  - Conneaut Medical Center
  - Geneva Medical Center

#### Columbiana

- Salem Regional Medical Center

#### Cuyahoga

- Cleveland Clinic
  - Cleveland Clinic Main Campus
  - Cleveland Clinic Rehabilitation Hospital, Beachwood
  - Euclid Hospital
  - Fairview Hospital
  - Hillcrest Hospital
  - Lutheran Hospital
  - Marymount Hospital
  - South Pointe Hospital
- Lake Health
  - Beachwood Medical Center
- MetroHealth
  - MetroHealth Medical Center
  - MetroHealth Cleveland Heights Hospital
  - MetroHealth Parma Hospital
- Southwest General Health Center
- St. Vincent Charity Medical Center
- University Hospitals
  - Ahuja Medical Center
  - Cleveland Medical Center
  - MacDonald Women's Hospital
  - Parma Medical Center
  - Rainbow Babies & Children's Hospital
  - Seidman Cancer Center
  - St. John Medical Center

#### Defiance

- Mercy Health
  - Defiance Hospital

#### Erie

- Firelands Regional Medical Center

#### Fulton

- Fulton County Health Center

#### Geauga

- University Hospitals
  - Geauga Medical Center

#### Hancock

- Blanchard Valley Hospital

#### Huron

- Bellevue Hospital
- Fisher-Titus Medical Center
- Mercy Health
  - Willard Hospital

#### Lake

- Lake Health
- TriPoint Medical Center
- West Medical Center

#### Lorain

- Avon Hospital at Richard E. Jacobs Campus
- Cleveland Clinic Rehabilitation Hospital, Avon
- Mercy Health
  - Allen Hospital
  - Lorain Hospital
- University Hospitals
  - Elyria Medical Center

#### Lucas

- Mercy Health
  - Children's Hospital
  - St. Anne Hospital
  - St. Charles Hospital
  - St. Vincent Medical Center
- University of Toledo Medical Center





### Mahoning ●●

- Akron Children's Hospital Mahoning Valley
- Mercy Health
  - St. Elizabeth Boardman Hospital
  - St. Elizabeth Youngstown Hospital
- **The Surgical Hospital at Southwoods**

### Medina ●

- Cleveland Clinic
  - Lodi Hospital
  - Medina Hospital

### Portage ●

- University Hospitals
  - Portage Medical Center

### Sandusky ●●

- Promedica Memorial Hospital

### Seneca ●

- Mercy Health
  - Tiffin Hospital

### Stark ●●●

- Alliance Community Hospital
- Aultman Hospital
- Cleveland Clinic
  - Mercy Hospital

### Summit ●●●●

- Akron Children's Hospital
- Cleveland Clinic
  - Akron General
  - Cleveland Clinic Rehabilitation Hospital, Edwin Shaw
- Crystal Clinic Orthopedic Center
- Summa Health System
  - Akron Campus
  - Barberton Campus
- Western Reserve Hospital

### Trumbull ●●

- St. Joseph Warren Hospital
- Trumbull Memorial Hospital

### Tuscarawas ●●

- Trinity Hospital Twin City
- Union Hospital

### Wayne ●●

- Aultman Orrville Hospital
- Wooster Community Hospital

### Wood ●●

- Mercy Health
  - Perrysburg Hospital
- Wood County Hospital

## Provider Network

### Frequently Asked Questions

#### How do I find a provider or hospital?

SummaCare makes it easy for you to find a provider or hospital in our network. You can:

- Use the provider search tool on our website at **summacare.com/medicare**. Our online provider search is updated on a daily basis. This provides the most current listing of our provider network.
- Call us at **888.464.8440 (TTY 711)** and we'll help you find a provider.
- If you'd like a Provider Directory mailed to you, you may call the number above or request one through our website at **summacare.com/medicare**.

#### Why do I need a Primary Care Provider (PCP)?

Having a primary care provider can keep you healthier. Your PCP will coordinate your care and work directly with other providers in the network to assure you're receiving the care that's most appropriate for your condition. If you require care from a specialist, your PCP can serve as your navigator to ensure you receive care from the providers best suited for your medical conditions.

#### What if my current provider is not in your network?

If you cannot find your current provider(s) in our provider listing, please call us first. Because provider listings may change daily, our representatives can review the most current information to determine the status of your provider(s).

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call Member Services or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

#### Do I need a referral from my Primary Care Provider (PCP) to see a specialist?

No; however, we recommend you first seek care through your Primary Care Provider (PCP) to identify the most appropriate course of treatment and to determine the most appropriate specialist to provide the specialty care needed.

#### What if I'm traveling outside of the SummaCare service area and need care?

If you're traveling outside of the service area, all SummaCare Medicare Advantage plans offer coverage anywhere in the country for emergency, urgent care and ambulance services. All SummaCare Medicare advantage plans receive coverage in AZ, FL, TX at the in-network level. Garnet (HMO), Jade (HMO) and Topaz (HMO) also have travel benefits that allow for coverage while in North and South Carolina. Select benefits may be available based on the plan selected.

If you enroll in a SummaCare Medicare Sapphire (HMO-POS) plan or SummaCare Medicare Emerald (HMO-POS) plan, you can receive care from any Medicare-approved provider even if they are not in the SCMedicare network. Please note that your out-of-pocket costs may be higher if you select providers outside of our network.

If you have to fill a prescription while outside of SummaCare's service area, we will cover your prescriptions at in-network pharmacies under the applicable copayment amount while you travel throughout the United States. Our pharmacy network includes most national chains. If traveling, your out-of-pocket costs may be higher if you fill a prescription at an out-of-network pharmacy. To search for a pharmacy, visit our website at **summacare.com/medicare**.

All SummaCare Medicare Advantage plans include Visitor/Travel Coverage. Please refer to the Summary of Benefits documents in this guide for more information.

# Summaries of Benefits





**Topaz (HMO)**

**Garnet (HMO)**

**Ruby (HMO)**





# Summary of Benefits

## Topaz, Garnet 1, Garnet 2, Ruby

Plan Year January 1, 2025, through December 31, 2025

### SummaCare Medicare Topaz (HMO) (H3660\_050)

The SummaCare Medicare Topaz (HMO) plan is available to residents of the following counties in Ohio: Carroll, Columbiana, Cuyahoga, Erie, Geauga, Huron, Lake, Lorain, Mahoning, Medina, Ottawa, Portage, Sandusky, Seneca, Stark, Summit, Trumbull and Wayne.

### SummaCare Medicare Garnet 1 (HMO) (H3660\_053-1)

The SummaCare Medicare Garnet 1 (HMO) plan is available to residents of the following counties in Ohio: Medina, Portage, Stark, Summit and Wayne.

### SummaCare Medicare Garnet 2 (HMO) (H3660\_053-2)

The SummaCare Medicare Garnet 2 (HMO) plan is available to residents of the following counties in Ohio: Cuyahoga, Erie, Geauga, Huron, Lake, Lorain, Mahoning, Ottawa, Sandusky, Seneca and Trumbull.

### SummaCare Medicare Ruby (HMO) (H3660\_044)

The SummaCare Medicare Ruby (HMO) plan is available to residents of the following counties in Ohio: Allen, Ashland, Ashtabula, Carroll, Columbiana, Cuyahoga, Fulton, Geauga, Hancock, Holmes, Huron, Lake, Lorain, Lucas, Mahoning, Medina, Portage, Putnam, Seneca, Stark, Summit, Trumbull, Tuscarawas, Wayne and Wood.

SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. Some of the benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify for all benefits. H3660\_SC1228\_M Accepted 09042024



## Summary of Benefits

| Premiums and Benefits                       | SummaCare Medicare Topaz (HMO)  | SummaCare Medicare Garnet (HMO)   | SummaCare Medicare Ruby (HMO)   |
|---|---|---|---|
| <b>Monthly Plan Premium</b>                 | You must continue to pay your Medicare Part B premium.  |   |   |
|   | You pay \$0 + (\$2.20 Part B premium reduction)   | You pay \$24.   | You pay \$48.   |
| <b>Medical Deductible</b>                   | You pay nothing.  | You pay nothing.  | You pay nothing.  |
| <b>Maximum Out-of-Pocket Responsibility</b> | <ul style="list-style-type: none"> <li>Does not include prescription drugs.</li> <li>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.</li> </ul> |   |   |
|   | \$4,000   | \$4,200   | \$3,600   |
| <b>Inpatient Hospital Coverage</b>          | Our plan pays for an unlimited number of days for an inpatient hospital stay.   |   |   |
|   | \$375 copay per day for days 1 through 6.<br>You pay nothing after day 6.   | \$326 copay per day for days 1 through 6.<br>You pay nothing after day 6. | \$260 copay per day for days 1 through 6.<br>You pay nothing after day 6. |
| <b>Outpatient Hospital Coverage</b>         | <b>Outpatient hospital:</b>   |   |   |
|   | \$310 copay   | \$275 copay   | \$250 copay   |
|   | <b>Observation services:</b>  |   |   |
|   | \$310 copay   | \$275 copay   | \$250 copay   |
| <b>Ambulatory Surgical Center</b>           | \$310 copay   | \$275 copay   | \$250 copay   |
| <b>Provider Visits</b>                      | You are not required to receive authorization before seeking care from any specialists.   |   |   |
|   | <b>Primary care provider visit:</b>   |   |   |
|   | \$0 copay   | \$0 copay   | \$0 copay   |
|   | <b>Specialist visit:</b>  |   |   |
|   | \$35 copay  | \$40 copay  | \$40 copay  |

# Summary of Benefits

| Premiums and Benefits           | SummaCare Medicare Topaz (HMO)  | SummaCare Medicare Garnet (HMO) | SummaCare Medicare Ruby (HMO) |
|---------------------------------|---|---------------------------------|-------------------------------|
| <b>Preventive Care</b>          | <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Annual Wellness Visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screening and counseling</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines (including flu, Hepatitis B, pneumococcal)</li> <li>• "Welcome to Medicare" preventive visit (one-time)</li> </ul> |                                 |                               |
|                                 | You pay nothing.  | You pay nothing.                | You pay nothing.              |
| <b>Emergency Care</b>           | <p>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.</p>   |                                 |                               |
|                                 | \$120 copay per visit   | \$120 copay per visit           | \$120 copay per visit         |
| <b>Urgently Needed Services</b> | <p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care but given your circumstances, it is not possible, or it is unreasonable, to obtain services from network providers. Cost sharing for necessary urgently needed services furnished out-of-network is the same as for such services furnished in-network</p> <p>Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.</p>  |                                 |                               |
|                                 | \$30 copay per visit  | \$30 copay per visit            | \$25 copay per visit          |

## Summary of Benefits

| Premiums and Benefits                   | SummaCare Medicare Topaz (HMO)   | SummaCare Medicare Garnet (HMO)           | SummaCare Medicare Ruby (HMO)              |
|---|--|---|--|
| <b>Diagnostic Services/Labs/Imaging</b> | 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. |   |  |
|   | <b>Diagnostic radiology service (e.g., MRI):</b>   |   |  |
|   | \$175 copay  | \$125 copay                               | \$150 copay                                |
|   | <b>Diagnostic tests and procedures:</b>  |   |  |
|   | \$0-\$125 copay, depending on the location   | \$0-\$50 copay, depending on the location | \$0-\$125 copay, depending on the location |
|   | <b>Lab services:</b>   |   |  |
|   | \$0-\$10 copay, depending on the location  | \$0-\$5 copay, depending on the location  | \$0-\$8 copay, depending on the location   |
|   | <b>Outpatient X-rays:</b>  |   |  |
|   | \$75-\$130 copay, depending on the location  | \$0-\$50 copay, depending on the location | \$0-\$110 copay, depending on the location |
|   | <b>Therapeutic radiology services (such as radiation treatment for cancer):</b>  |   |  |
|   | 20% of the cost  | 20% of the cost                           | 20% of the cost                            |

## Summary of Benefits

| Premiums and Benefits   | SummaCare Medicare Topaz (HMO)  | SummaCare Medicare Garnet (HMO)   | SummaCare Medicare Ruby (HMO)   |
|-------------------------|---|---|---|
| <b>Hearing Services</b> | 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.) |   |   |
|                         | <b>Diagnostic hearing exam:</b>   |   |   |
|                         | \$0-\$20 copay, depending on the location   | \$0-\$15 copay, depending on the location   | \$0-\$15 copay, depending on the location   |
|                         | <b>Supplemental routine hearing exam:</b>   |   |   |
|                         | \$0 copay   | \$0 copay   | \$0 copay   |
|                         | <b>Hearing aids:</b> 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.  |   |   |
|                         | \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids   | \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids | \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids |



## Summary of Benefits

| Premiums and Benefits  | SummaCare Medicare Topaz (HMO)  | SummaCare Medicare Garnet (HMO)  | SummaCare Medicare Ruby (HMO)   |
|------------------------|---|--|---|
| <b>Dental Services</b> | <b>Preventive dental</b> 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. |  |   |
|                        | \$0 copay per visit   | \$0 copay per visit  | \$0 copay per visit   |
|                        | <b>Comprehensive Dental Services:</b>   |  |   |
|                        | You pay \$0 for fillings, root canals and simple extractions.   | You pay \$0 for fillings, root canals and simple extractions. Perio maintenance, non-surgical periodontics, relines and repairs to bridges and dentures. | You pay 50% coinsurance for fillings, root canals and simple extractions.       |
|                        | You pay 20% coinsurance for bridges, crowns and dentures.   | You pay 40% coinsurance for bridges, crowns and dentures.  | You pay 70% coinsurance for bridges, crowns, and dentures.                      |
|                        | \$3,000 calendar year maximum for preventive and comprehensive dental services.   | \$2,500 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 or Delta Dental of Ohio Medicare Advantage Premier network.                                 | Must use Delta Dental of Ohio Medicare Advantage PPO network.                   |

## Summary of Benefits

| Premiums and Benefits | SummaCare Medicare Topaz (HMO)   | SummaCare Medicare Garnet (HMO) | SummaCare Medicare Ruby (HMO) |
|-----------------------|--|---------------------------------|-------------------------------|
| <b>Vision Service</b> | <p>You are covered for an annual supplemental routine eye exam each year.</p> <p>Coverage for eyeglasses and/or contact lenses provided after cataract surgery is limited to Medicare-allowed amount for Medicare-covered lenses and frames.</p> <p>In addition to an annual routine eye exam and Medicare-covered eye exams (for diagnosis and treatment for diseases and conditions of the eye), you'll receive an annual amount to use toward the purchase of frames/lenses or contact lenses – with the freedom to visit any vision provider you choose.</p> |                                 |                               |
|                       | <b>Diagnostic eye exam:</b>  |                                 |                               |
|                       | \$0 copay  | \$0 copay                       | \$0 copay                     |
|                       | <b>Supplemental routine eye exam:</b>  |                                 |                               |
|                       | \$0 copay  | \$0 copay                       | \$0 copay                     |
|                       | <b>Annual prescription eyewear allowance:</b>  |                                 |                               |
|                       | \$200 allowance  | \$325 allowance                 | \$250 allowance               |
|                       | <b>Glasses or contact lenses after cataract surgery:</b>   |                                 |                               |
|                       | You pay nothing.   | You pay nothing.                | You pay nothing.              |
|                       | <b>Yearly glaucoma screening:</b>  |                                 |                               |
|                       | You pay nothing.   | You pay nothing.                | You pay nothing.              |

## Summary of Benefits

| Premiums and Benefits                      | SummaCare Medicare Topaz (HMO)  | SummaCare Medicare Garnet (HMO)   | SummaCare Medicare Ruby (HMO)   |
|--|---|---|---|
| <b>Mental Health Services</b>              | 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. |   |   |
|  | <b>Inpatient visit:</b>   |   |   |
|  | \$375 copay per day for days 1 through 5. You pay nothing after day 5.  | \$326 copay per day for days 1 through 5. You pay nothing after day 5.                      | \$260 copay per day for days 1 through 5. You pay nothing after day 5.                      |
|  | <b>Outpatient group therapy visit:</b>  |   |   |
|  | \$35 copay  | \$40 copay  | \$40 copay  |
| <b>Skilled Nursing Facility</b>            | <b>Outpatient individual therapy visit:</b>   |   |   |
|  | \$35 copay  | \$40 copay  | \$40 copay  |
|  | Our plan covers up to 100 days in a Skilled Nursing Facility. No prior hospital stay required.  |   |   |
|  | You pay nothing per day for days 1 through 20. \$203 copay per day for days 21 through 100.   | You pay nothing per day for days 1 through 20. \$203 copay per day for days 21 through 100. | You pay nothing per day for days 1 through 20. \$203 copay per day for days 21 through 100. |
|  |   |   |   |
| <b>Rehabilitation and Physical Therapy</b> | <b>Cardiac (heart) rehab services:</b>  |   |   |
|  | You pay nothing.  | You pay nothing.  | You pay nothing.  |
|  | <b>Occupational therapy visit:</b>  |   |   |
|  | \$35 copay  | \$25 copay  | \$40 copay  |
|  | <b>Physical therapy and speech and language therapy visit:</b>  |   |   |
|  | \$35 copay  | \$25 copay  | \$40 copay  |

## Summary of Benefits

| Premiums and Benefits | SummaCare Medicare Topaz (HMO)   | SummaCare Medicare Garnet (HMO)                            | SummaCare Medicare Ruby (HMO)                            |
|-----------------------|--|--|--|
| Ambulance             | Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. <b>This includes emergency ambulance occurring immediately before a covered emergency visit.</b>         |  |  |
|                       | <b>Ground ambulance:</b>   |  |  |
|                       | \$320 copay  | \$250 copay  | \$200 copay  |
|                       | <b>Air ambulance:</b>  |  |  |
|                       | \$320 copay  | \$250 copay  | \$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. |  |  |
|                       | You pay nothing for six one-way trips per calendar year  | You pay nothing for eight one-way trips per calendar year. | You pay nothing for six one-way trips per calendar year. |
| Medicare Part B Drugs | <b>For Part B-covered chemotherapy drugs and other Part B-covered drugs:</b> 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. |  |  |
|                       | Up to 20% of the cost  | Up to 20% of the cost                                      | Up to 20% of the cost                                    |



## Summary of Benefits

| Premiums and Benefits | SummaCare Medicare Topaz (HMO) | SummaCare Medicare Garnet (HMO) | SummaCare Medicare Ruby (HMO) |
|-----------------------|--------------------------------|---------------------------------|-------------------------------|
|-----------------------|--------------------------------|---------------------------------|-------------------------------|

**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/non-preferred, mail order, long-term care (LTC), and 30- or 90-day supply).

|  |   |   |   |
|--|---|---|---|
| <b>Deductible</b>                      | If applicable, you must pay the full cost of your tier 3 and tier 4 drugs until you reach the plan's deductible amount. The deductible does not apply to covered insulin products and most adult Part D vaccines.   |   |   |
|  | \$200   | \$200   | \$150   |
| <b>Initial Coverage Stage</b>          | 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. |   |   |
| <b>Tier 1</b><br>(Preferred Generic)   | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three Month: \$0  | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three Month: \$0              | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three Month: \$0              |
| <b>Tier 2</b><br>(Generic)             | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three Month: \$0  | <b>Retail</b><br>One Month: \$8<br>Three Month: \$20<br><br><b>Mail-Order</b><br>Three Month: \$20            | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three Month: \$0              |
| <b>Tier 3</b><br>(Preferred Brand)     | <b>Retail</b><br>One Month: \$47<br>Three Month: \$117.50<br><br><b>Mail-Order</b><br>Three Month: \$117.50   | <b>Retail</b><br>One Month: \$47<br>Three Month: \$117.50<br><br><b>Mail-Order</b><br>Three Month: \$117.50   | <b>Retail</b><br>One Month: \$47<br>Three Month: \$117.50<br><br><b>Mail-Order</b><br>Three Month: \$117.50   |
| <b>Tier 4</b><br>(Non-preferred Drugs) | <b>Retail</b><br>One Month: \$100<br>Three Month: \$300<br><br><b>Mail-Order</b><br>Three Month: \$300  | <b>Retail</b><br>One Month: \$100<br>Three Month: \$300<br><br><b>Mail-Order</b><br>Three Month: \$300        | <b>Retail</b><br>One Month: \$100<br>Three Month: \$300<br><br><b>Mail-Order</b><br>Three Month: \$300        |
| <b>Tier 5</b><br>(Specialty)           | <b>Retail</b><br>One Month: 30%<br>Three Month: N/A<br><br><b>Mail-Order:</b> 30%<br>Limited to 30-day supply   | <b>Retail</b><br>One Month: 30%<br>Three Month: N/A<br><br><b>Mail-Order:</b> 30%<br>Limited to 30-day supply | <b>Retail</b><br>One Month: 31%<br>Three Month: N/A<br><br><b>Mail-Order:</b> 31%<br>Limited to 30-day supply |

## Summary of Benefits

| Premiums and Benefits                                   | SummaCare Medicare Topaz (HMO)   | SummaCare Medicare Garnet (HMO)  | SummaCare Medicare Ruby (HMO)  |
|---|--|--|--|
| <b>Part D Prescription Drugs continued</b>              |  |  |  |
| <b>Tier 6</b><br>(Select Care Drugs including Vaccines) | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three Month: \$0   | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three Month: \$0 | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three Month: \$0 |
| <b>Catastrophic Coverage Stage</b>                      | After your out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach the \$2,000 limit for the calendar year, you will pay nothing for your covered Part D drugs. |  |  |
| <b>Insulin Cost Sharing</b>                             | You will pay no more than \$35 for a one month supply of insulin covered under Part D.   |  |  |

# Summary of Benefits

| Premiums and Benefits | SummaCare Medicare Topaz (HMO) | SummaCare Medicare Garnet (HMO) | SummaCare Medicare Ruby (HMO) |
|-----------------------|--------------------------------|---------------------------------|-------------------------------|
|-----------------------|--------------------------------|---------------------------------|-------------------------------|

## Additional Benefits

|                         |  |                              |                              |
|-------------------------|--|------------------------------|------------------------------|
| Acupuncture Services    | <b>General acupuncture:</b> Includes any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year. Visits must be scheduled through HOMELINK.  |                              |                              |
|                         | \$20 copay per visit   | \$10 copay per visit         | Not covered                  |
|                         | <b>For chronic lower back pain:</b> 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.  |                              |                              |
|                         | \$20 copay   | \$10 copay                   | \$40 copay                   |
| Telehealth Services     | For each primary care, dermatological, behavioral health and substance abuse telehealth visit provided through Teladoc® Health or another in-network provider.   |                              |                              |
|                         | \$0 copay  | \$0 copay                    | \$0 copay                    |
|                         | For all other in-network telehealth specialist visits:   |                              |                              |
|                         | \$20 copay   | \$20 copay                   | \$20 copay                   |
| Papa Pals               | <b>Hang Out and Help Out.</b> Papa pairs older adults and families with Papa Pals for companionship and assistance with everyday tasks. Get help around the house, including light housework, a ride to the doctor's office or pharmacy (or anywhere around town), help with errands or simply someone to talk to. Providing support to SummaCare Medicare Advantage members also offers relief and respite to caregivers. |                              |                              |
|                         | Up to 15 hours of assistance   | Up to 40 hours of assistance | Up to 40 hours of assistance |
|                         |  |                              |                              |
| Visitor/Travel Coverage | SummaCare Medicare members who are traveling receive all plan-covered services through this Visitor/Travel coverage in the following states:   |                              |                              |
|                         | AZ, FL, NC, SC & TX  | AZ, FL, NC, SC & TX          | AZ, FL & TX                  |
| 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).   |                              |                              |

## Summary of Benefits

| Premiums and Benefits                       | SummaCare Medicare Topaz (HMO)  | SummaCare Medicare Garnet (HMO)  | SummaCare Medicare Ruby (HMO)   |
|---|---|--|---|
| <b>Therapeutic Massage</b>                  | Includes any combination of therapeutic massage and acupuncture service visits. This is limited to six visits per calendar year.  |  |   |
|   | \$20 copay per visit for any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year.  | \$10 copay per visit for any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year. | Not covered   |
| <b>Home Safety Devices</b>                  | 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. |  |   |
|   | \$150 allowance per year  | \$200 allowance per year   | \$175 allowance per year  |
| <b>Chiropractic Care (Medicare-covered)</b> | \$20 copay  | \$20 copay   | \$20 copay  |
| <b>Foot Care (Podiatry Services)</b>        | \$35 copay  | \$40 copay   | \$40 copay  |
| <b>Home Health Care</b>                     | You pay nothing.  | You pay nothing.   | You pay nothing.  |
| <b>Hospice</b>                              | 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.   | 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.            | 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. |



## Summary of Benefits

| Premiums and Benefits                    | SummaCare Medicare Topaz (HMO)   | SummaCare Medicare Garnet (HMO) | SummaCare Medicare Ruby (HMO) |
|--|--|---------------------------------|-------------------------------|
| <b>Medical Equipment/Supplies</b>        | <b>Durable medical equipment (e.g., wheelchairs, oxygen):</b>  |                                 |                               |
|  | 30% of the cost  | 30% of the cost                 | 20% of the cost               |
|  | <b>Prosthetic devices (e.g., braces, artificial limbs):</b>  |                                 |                               |
|  | 20% of the cost  | 20% of the cost                 | 20% of the cost               |
|  | <b>Diabetes monitoring supplies manufactured by Abbott and/or Lifescan:</b>  |                                 |                               |
|  | You pay nothing.   | You pay nothing.                | You pay nothing.              |
|  | <b>Diabetes self-management training:</b>  |                                 |                               |
|  | You pay nothing.   | You pay nothing.                | You pay nothing.              |
|  | <b>Therapeutic shoes or inserts:</b>   |                                 |                               |
|  | 20% of the cost  | 20% of the cost                 | 20% of the cost               |
| <b>Outpatient Substance Abuse</b>        | <b>Group therapy visit:</b>  |                                 |                               |
|  | \$35 copay   | \$40 copay                      | \$40 copay                    |
|  | <b>Individual therapy visit:</b>   |                                 |                               |
|  | \$35 copay   | \$40 copay                      | \$40 copay                    |
| <b>Opioid Treatment Program Services</b> | 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: <ul style="list-style-type: none"> <li>• FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable</li> <li>• Substance use counseling</li> <li>• Individual and group therapy</li> <li>• Intake activities</li> <li>• Periodic assessments</li> <li>• Toxicology testing</li> </ul> |                                 |                               |
|  | \$0 copay  | \$0 copay                       | \$0 copay                     |

## Summary of Benefits

| Premiums and Benefits          | SummaCare Medicare Topaz (HMO)  | SummaCare Medicare Garnet (HMO)  | SummaCare Medicare Ruby (HMO) |
|--------------------------------|---|--|-------------------------------|
| <b>Partial Hospitalization</b> | <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>  |  |                               |
|                                | \$45 copay  | \$45 copay   | \$40 copay                    |
| <b>Over-the-Counter Items</b>  | <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 2025 OTC Product Catalog or visit <a href="https://summacare.com/otc">summacare.com/otc</a> for a complete list of plan-approved OTC items. You may also conduct a product search by retail service at <a href="https://summacare.com/otc">summacare.com/otc</a>. Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year. <b>Topaz (HMO) plan members (with a qualifying health condition*) may choose to use their OTC allowance for healthy grocery items.</b></p> <p>*This benefit is part of a special supplemental program for the chronically ill; members must have a diagnosis of diabetes mellitus type 1 or type 2, congestive heart failure, chronic kidney disease, COPD, coronary artery disease, chronic non-alcoholic fatty liver disease, autoimmune disease, chronic and disabling mental health conditions, or neurologic disorders to choose/utilize it.</p> |  |                               |
|                                | \$90 allowance per quarter  | Garnet 1: \$80 allowance per quarter<br><br>Garnet 2: \$85 allowance per quarter | \$60 allowance per quarter    |
| <b>Renal Dialysis</b>          | 20% of the cost   | 20% of the cost  | 20% of the cost               |

## Summary of Benefits

| Premiums and Benefits                     | SummaCare Medicare Topaz (HMO)  | SummaCare Medicare Garnet (HMO) | SummaCare Medicare Ruby (HMO) |
|---|---|---------------------------------|-------------------------------|
| Health and Wellness Programs and Services | <ul style="list-style-type: none"> <li>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. <b>BrainHQ is not covered on the Topaz plan.</b></li> <li>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.</li> <li>24-Hour Nurse Line</li> <li>QuitCare</li> <li>Health Manager Powered by WebMD®</li> <li>Enhanced Condition and Care Management Programs</li> </ul> |                                 |                               |

## Summary of Benefits

| Premiums and Benefits               | SummaCare Medicare Topaz (HMO)   | SummaCare Medicare Garnet (HMO) | SummaCare Medicare Ruby (HMO) |
|-------------------------------------|--|---------------------------------|-------------------------------|
| <b>Optional Supplemental Dental</b> | <p>If you elect to enroll in this optional supplemental dental plan, you'll pay an additional \$37 per month in order to obtain the following additional benefits. You must keep paying your Medicare Part B premium and your SummaCare Medicare plan premium.</p> <ul style="list-style-type: none"> <li>• If you purchase this optional supplemental dental benefit, the plan will pay a total maximum benefit of \$3,000 (Topaz), \$2,500 (Garnet), \$2,000 (Ruby) per benefit year. This includes your embedded and supplemental dental benefits.</li> <li>• Services must be received through Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network of providers.</li> <li>• Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network are NOT covered benefits.</li> <li>• There is no waiting period for coverage to begin.</li> </ul> <p>The following benefits are in addition to the embedded benefits covered in your plan see page 28.</p> |                                 |                               |
|                                     | <b>Inlays/Onlays:</b>  |                                 |                               |
|                                     | 50% coinsurance  | 50% coinsurance                 | 50% coinsurance               |
|                                     | <b>Periodontal Maintenance:</b>  |                                 |                               |
|                                     | 50% coinsurance  | Covered under embedded benefit  | 50% coinsurance               |
|                                     | <b>Periodontal Non-Surgical Procedures:</b>  |                                 |                               |
|                                     | 50% coinsurance  | Covered under embedded benefit  | 50% coinsurance               |
|                                     | <b>Periodontal Surgical Procedures:</b>  |                                 |                               |
|                                     | 50% coinsurance  | 50% coinsurance                 | 50% coinsurance               |
|                                     | <b>Denture Relines/Repairs:</b>  |                                 |                               |
|                                     | 50% coinsurance  | Covered under embedded benefit  | 50% coinsurance               |

## Summary of Benefits

| Premiums and Benefits | SummaCare Medicare Topaz (HMO) | SummaCare Medicare Garnet (HMO) | SummaCare Medicare Ruby (HMO) |
|-----------------------|--------------------------------|---------------------------------|-------------------------------|
|-----------------------|--------------------------------|---------------------------------|-------------------------------|

### Optional Supplemental Dental continued

|                              |  |                                |                 |
|------------------------------|--|--------------------------------|-----------------|
| Optional Supplemental Dental | <b>Bridge Repairs:</b>   |                                |                 |
|                              | 50% coinsurance  | Covered under embedded benefit | 50% coinsurance |
|                              | <b>Surgical Extractions/Oral Surgery:</b>                          |                                |                 |
|                              | 50% coinsurance  | 50% coinsurance                | 50% coinsurance |
|                              | <b>Brush Biopsy:</b>   |                                |                 |
|                              | 50% coinsurance  | 50% coinsurance                | 50% coinsurance |
|                              | <b>Occlusal Guards/Occlusal Adjustments:</b>                       |                                |                 |
|                              | 50% coinsurance  | 50% coinsurance                | 50% coinsurance |
|                              | <b>General Anesthesia or IV Sedation when medically necessary:</b> |                                |                 |
|                              | 50% coinsurance  | 50% coinsurance                | 50% coinsurance |



# Things to Know About SummaCare Topaz, Garnet and Ruby

## What do we cover?

SummaCare Medicare Advantage plans cover everything Original Medicare covers and more. All of our plans (except Amber (HMO) include Medicare (Part D) prescription drugs. You can see the complete plan formulary (list of covered drugs) and any restrictions on our website by visiting [summacare.com/find-your-drug](https://summacare.com/find-your-drug) and then choosing "Medicare Advantage."

## How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use SummaCare's Medicare formulary (list of covered drugs at [summacare.com/find-your-drug](https://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 and what stage of the benefit you have reached.

## Which providers, hospitals and pharmacies can I use?

SummaCare Medicare Topaz, Garnet and Ruby Northeast have a network of providers, hospitals and pharmacies. If you use providers that are not in our network, the plan may not pay for these services – except for emergency, urgent and out-of-area renal dialysis services. Out-of-network/non-contracted providers are under no obligation to treat SummaCare members, except in emergency situations. Please call our Member Services number or request an Evidence of Coverage (EOC) document for more information. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider directory on our website, [summacare.com/medicare](https://summacare.com/medicare), or call us and we will send you a copy of the provider directory. The plans in this Summary of Benefits (SOB) document also include Visitor/Travel coverage.

## Want to learn more?

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

To enroll in SummaCare, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. This document is available in other formats such as Braille, large print or audio.

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

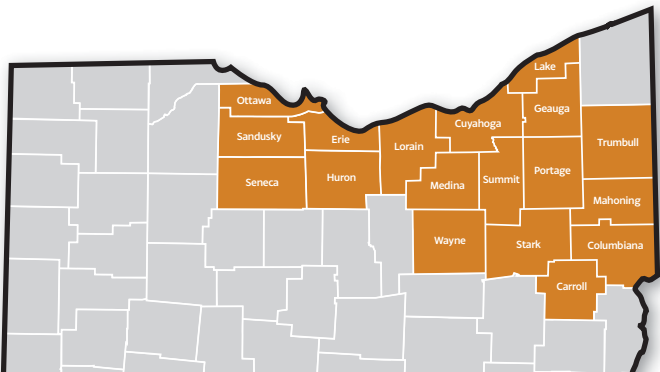
If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](https://medicare.gov) or order a copy by calling **800.MEDICARE (800.633.4227)**, 24 hours a day, 7 days a week. TTY users should call **877.486.2048**.

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

- **800.MEDICARE (800.633.4227)**, 24 hours a day, 7 days a week. TTY/TDD users call **877.486.2048**.
- The Social Security Administration at **800.772.1213**, Monday – Friday, 7 a.m. to 7 p.m. TTY/TDD users call **800.325.0778**.

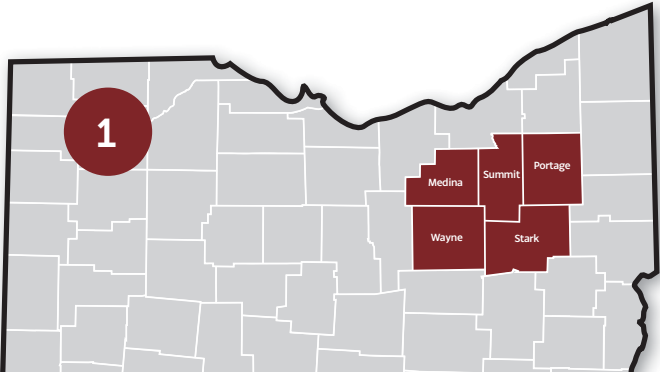
# HMO Plans

With a SummaCare HMO plan, you utilize the *SCMedicare* network of providers for all your care, except in certain circumstances including emergency and urgent care services and renal dialysis services.



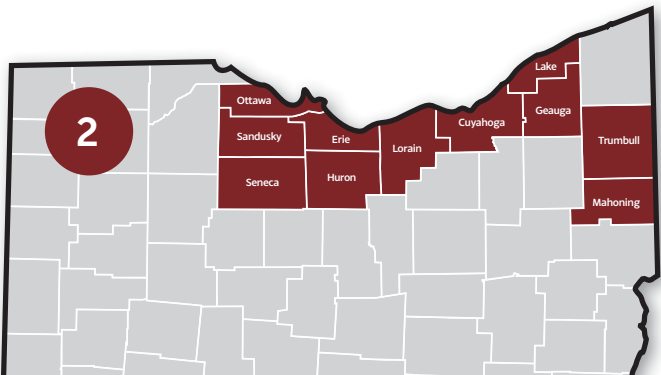
**SummaCare  
Medicare Topaz (HMO)**  
**\$0 Monthly Premium**

This plan is available to residents living in these 18 shaded counties.



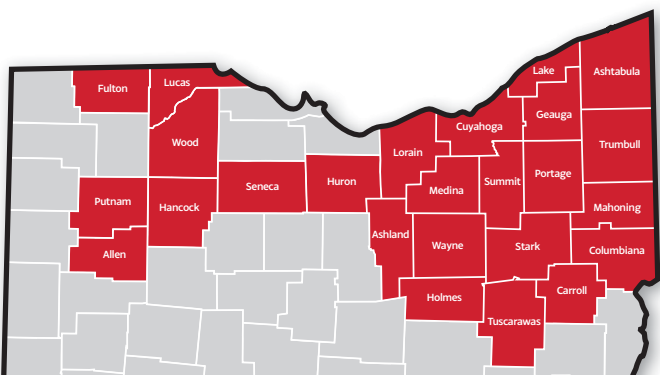
**SummaCare Medicare  
Garnet 1 (HMO)**  
**\$24 Monthly Premium**

This plan is available to residents living in the 5 shaded counties.



**SummaCare Medicare  
Garnet 2 (HMO)**  
**\$24 Monthly Premium**

This plan is available to residents living in the 11 shaded counties.



**SummaCare  
Medicare Ruby (HMO)**  
**\$48 Monthly Premium**

This plan is available to residents living in the 25 shaded counties.

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

**Jade (HMO)**





# Summary of Benefits Jade (HMO)

Plan Year January 1, 2025, through December 31, 2025

## SummaCare Medicare Jade NE (HMO) (H3660\_056)

The SummaCare Medicare Jade NE (HMO) plan is available to residents of the following counties in Ohio: Ashland, Ashtabula, Carroll, Columbiana, Cuyahoga, Geauga, Holmes, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Tuscarawas and Wayne.

## SummaCare Medicare Jade NW (HMO) (H3660\_056)

The SummaCare Medicare Jade NW (HMO) plan is available to residents of the following counties in Ohio: Allen, Erie, Fulton, Hancock, Huron, Lucas, Ottawa, Putnam, Sandusky, Seneca and Wood.

SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. Some of the benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify for all benefits. Fitbit® is a registered trademark of Fitbit LLC and/or its affiliates in the United States and other countries. Actual SummaCare Medicare Advantage plan members shown. Members were not compensated for their appearance. H3660\_SC1256\_M Accepted 09032024





**Cathy J.**  
Member since 2021, Copley

## Summary of Benefits

| Premiums and Benefits                       | SummaCare Medicare Jade NE (HMO)  | SummaCare Medicare Jade NW (HMO)  |
|---|---|---|
| <b>Monthly Plan Premium</b>                 | You must continue to pay your Medicare Part B premium.  |   |
|   | You pay \$12.   | You pay \$12.   |
| <b>Medical Deductible</b>                   | You pay nothing.  | You pay nothing.  |
| <b>Maximum Out-of-Pocket Responsibility</b> | <ul style="list-style-type: none"> <li>Does not include prescription drugs.</li> <li>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.</li> </ul> |   |
|   | \$4,500   | \$4,500   |
| <b>Inpatient Hospital Coverage</b>          | Our plan pays for an unlimited number of days for an inpatient hospital stay.   |   |
|   | \$325 copay per day for days 1 through 6.<br>You pay nothing after day 6.   | \$335 copay per day for days 1 through 6.<br>You pay nothing after day 6. |
| <b>Outpatient Hospital Coverage</b>         | <b>Outpatient hospital:</b>   |   |
|   | \$305 copay   | \$305 copay   |
|   | <b>Observation services:</b>  |   |
|   | \$305 copay   | \$305 copay   |
| <b>Ambulatory Surgical Center</b>           | \$305 copay   | \$305 copay   |
| <b>Provider Visits</b>                      | You are not required to receive authorization before seeking care from any specialists.   |   |
|   | <b>Primary care provider visit:</b>   |   |
|   | You pay nothing.  | You pay nothing.  |
|   | <b>Specialist visit:</b>  |   |
|   | \$35 copay  | \$40 copay  |

## Summary of Benefits

| Premiums and Benefits           | SummaCare Medicare Jade NE (HMO)  | SummaCare Medicare Jade NW (HMO) |
|---------------------------------|---|----------------------------------|
| <b>Preventive Care</b>          | <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Annual Wellness Visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screening and counseling</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines (including flu, Hepatitis B, pneumococcal)</li> <li>• "Welcome to Medicare" preventive visit (one-time)</li> </ul> |                                  |
|                                 | You pay nothing.  | You pay nothing.                 |
| <b>Emergency Care</b>           | <p>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.</p>   |                                  |
|                                 | \$120 copay per visit   | \$120 copay per visit            |
| <b>Urgently Needed Services</b> | <p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care but given your circumstances, it is not possible, or it is unreasonable, to obtain services from network providers. Cost sharing for necessary urgently needed services furnished out-of-network is the same as for such services furnished in-network.</p> <p>Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.</p>   |                                  |
|                                 | \$25 copay per visit  | \$30 copay per visit             |

## Summary of Benefits

| Premiums and Benefits                   | SummaCare Medicare Jade NE (HMO)  | SummaCare Medicare Jade NW (HMO)           |
|---|---|--|
| <b>Diagnostic Services/Labs/Imaging</b> | The copay is based on where the procedure takes place. You pay a lower copay at a physician's office (office visit copay may apply). You pay a higher copay at all other locations. |  |
|   | <b>Diagnostic radiology service (e.g., MRI):</b>  |  |
|   | \$150 copay   | \$150 copay                                |
|   | <b>Diagnostic tests and procedures:</b>   |  |
|   | \$0-\$100 copay, depending on the location  | \$0-\$125 copay, depending on the location |
|   | <b>Lab services:</b>  |  |
|   | \$0-\$8 copay, depending on the location  | \$0-\$10 copay, depending on the location  |
|   | <b>Outpatient X-rays:</b>   |  |
|   | \$0-\$110 copay, depending on the location  | \$0-\$110 copay, depending on the location |
|   | <b>Therapeutic radiology services (such as radiation treatment for cancer):</b>   |  |
|   | 20% of the cost   | 20% of the cost                            |

## Summary of Benefits

| Premiums and Benefits   | SummaCare Medicare Jade NE (HMO)  | SummaCare Medicare Jade NW (HMO)  |
|-------------------------|---|---|
| <b>Hearing Services</b> | 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. |   |
|                         | <b>Diagnostic hearing exam:</b>   |   |
|                         | \$0-\$15 copay, depending on the location   | \$0-\$15 copay, depending on the location   |
|                         | <b>Supplemental routine hearing exam:</b>   |   |
|                         | \$0 copay   | \$0 copay   |
| <b>Dental Services</b>  | <b>Hearing aids:</b> 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.  |   |
|                         | \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids   | \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids |
|                         | <b>Preventive dental</b> covers two cleanings, two exams, one bitewing X-ray per year and 1 fluoride treatment. 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.   |   |
|                         | \$0 copay per visit   | \$0 copay per visit   |
|                         | <b>Comprehensive Dental Services:</b>   |   |
|                         | You pay \$0 for fillings, root canals and simple extractions.   | You pay \$0 for fillings, root canals and simple extractions.                                     |
|                         | You pay 20% coinsurance for bridges, crowns and dentures.   | You pay 20% coinsurance for bridges, crowns and dentures.   |
|                         | \$3,000 calendar year maximum for preventive and comprehensive dental services.   | \$3,000 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.                                     |

## Summary of Benefits

| Premiums and Benefits         | SummaCare Medicare Jade NE (HMO)   | SummaCare Medicare Jade NW (HMO)                                       |
|-------------------------------|--|--|
| <b>Vision Service</b>         | <p>You are covered for an annual supplemental routine eye exam each year.</p> <p>Coverage for eyeglasses and/or contact lenses provided after cataract surgery is limited to Medicare-allowed amount for Medicare-covered lenses and frames.</p> <p>In addition to an annual routine eye exam and Medicare-covered eye exams (for diagnosis and treatment for diseases and conditions of the eye), you'll receive an annual amount to use toward the purchase of frames/lenses or contact lenses – with the freedom to visit any vision provider you choose.</p> |  |
|                               | <b>Diagnostic eye exam:</b>  |  |
|                               | \$0 copay  | \$0 copay  |
|                               | <b>Supplemental routine eye exam:</b>  |  |
|                               | \$0 copay  | \$0 copay  |
|                               | <b>Annual prescription eyewear allowance:</b>  |  |
|                               | \$275 allowance  | \$250 allowance  |
| <b>Mental Health Services</b> | <b>Glasses or contact lenses after cataract surgery:</b>   |  |
|                               | You pay nothing.   | You pay nothing.   |
|                               | <b>Yearly glaucoma screening:</b>  |  |
|                               | You pay nothing.   | You pay nothing.   |
|                               | <p>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.</p>   |  |
|                               | <b>Inpatient visit:</b>  |  |
|                               | \$325 copay per day for days 1 through 5. You pay nothing after day 5.   | \$335 copay per day for days 1 through 5. You pay nothing after day 5. |
|                               | <b>Outpatient group therapy visit:</b>   |  |
|                               | \$35 copay   | \$40 copay   |
|                               | <b>Outpatient individual therapy visit:</b>  |  |
|                               | \$35 copay   | \$40 copay   |



## Summary of Benefits

| Premiums and Benefits                      | SummaCare Medicare Jade NE (HMO)  | SummaCare Medicare Jade NW (HMO)  |
|--|---|---|
| <b>Skilled Nursing Facility</b>            | Our plan covers up to 100 days in a Skilled Nursing Facility. No prior hospital stay required.  |   |
|  | You pay nothing per day for days 1 through 20. \$203 copay per day for days 21 through 100.   | You pay nothing per day for days 1 through 20. \$203 copay per day for days 21 through 100. |
| <b>Rehabilitation and Physical Therapy</b> | <b>Cardiac (heart) rehab services:</b>  |   |
|  | You pay nothing.  | You pay nothing.  |
|  | <b>Occupational therapy visit:</b>  |   |
|  | \$35 copay  | \$40 copay  |
|  | <b>Physical therapy and speech and language therapy visit:</b>  |   |
|  | \$35 copay  | \$40 copay  |
| <b>Ambulance</b>                           | 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. |   |
|  | <b>Ground ambulance:</b>  |   |
|  | \$290 copay   | \$300 copay   |
|  | <b>Air ambulance:</b>   |   |
|  | \$290 copay   | \$300 copay   |
| <b>Medicare Part B Drugs</b>               | <b>For Part B-covered chemotherapy drugs and other Part B-covered drugs:</b>  |   |
|  | 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.   |   |
|  | Up to 20% of the cost   | Up to 20% of the cost   |

## Summary of Benefits

| Premiums and Benefits   | SummaCare Medicare Jade NE (HMO)  | SummaCare Medicare Jade NW (HMO)  |
|---|---|---|
| <b>Part D Prescription Drugs.</b> 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/non-preferred, mail order, long-term care (LTC), and 30- or 90-day supply). |   |   |
| <b>Deductible</b>   | If applicable, you must pay the full cost of your tier 3 and tier 4 drugs until you reach the plan's deductible amount. The deductible does not apply to covered insulin products and most adult Part D vaccines.<br><br>\$150  |   |
| <b>Initial Coverage Stage</b>   | 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. |   |
| <b>Tier 1</b><br>(Preferred Generic)  | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three Month: \$0  | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three Month: \$0              |
| <b>Tier 2</b><br>(Generic)  | <b>Retail</b><br>One Month: \$8<br>Three Month: \$20<br><br><b>Mail-Order</b><br>Three Month: \$20  | <b>Retail</b><br>One Month: \$8<br>Three Month: \$20<br><br><b>Mail-Order</b><br>Three Month: \$20            |
| <b>Tier 3</b><br>(Preferred Brand)  | <b>Retail</b><br>One Month: \$47<br>Three Month: \$117.50<br><br><b>Mail-Order</b><br>Three Month: \$117.50   | <b>Retail</b><br>One Month: \$47<br>Three Month: \$117.50<br><br><b>Mail-Order</b><br>Three Month: \$117.50   |
| <b>Tier 4</b><br>(Non-preferred Drugs)  | <b>Retail</b><br>One Month: \$100<br>Three Month: \$300<br><br><b>Mail-Order</b><br>Three Month: \$300  | <b>Retail</b><br>One Month: \$100<br>Three Month: \$300<br><br><b>Mail-Order</b><br>Three Month: \$300        |
| <b>Tier 5</b> (Specialty)   | <b>Retail</b><br>One Month: 31%<br>Three Month: N/A<br><br><b>Mail-Order:</b> 31%<br>Limited to 30-day supply   | <b>Retail</b><br>One Month: 31%<br>Three Month: N/A<br><br><b>Mail-Order:</b> 31%<br>Limited to 30-day supply |

# Summary of Benefits

| Premiums and Benefits | SummaCare Medicare Jade NE (HMO) | SummaCare Medicare Jade NW (HMO) |
|-----------------------|----------------------------------|----------------------------------|
|-----------------------|----------------------------------|----------------------------------|

## Part D Prescription Drugs continued

|   |  |  |
|---|--|--|
| <b>Tier 6</b><br>(Select Care Drugs including Vaccines) | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three month: \$0   | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three month: \$0 |
| <b>Catastrophic Coverage Stage</b>                      | After your out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach the \$2,000 limit for the calendar year, you will pay nothing for your covered Part D drugs. |  |
| <b>Insulin Cost Sharing</b>                             | You will pay no more than \$35 for a one month supply of insulin covered under Part D.   |  |

## Summary of Benefits

| Premiums and Benefits                       | SummaCare Medicare Jade NE (HMO)  | SummaCare Medicare Jade NW (HMO)  |
|---|---|---|
| <b>Additional Benefits</b>                  |   |   |
| <b>Telehealth Services</b>                  | For each primary care, dermatological, behavioral health and substance abuse telehealth visit provided through Teladoc® or another in-network provider. |   |
|   | \$0 copay   | \$0 copay   |
|   | For all other in-network telehealth specialist visits:  |   |
|   | \$20 copay  | \$20 copay  |
| <b>Visitor/Travel Coverage</b>              | SummaCare Medicare members who are visiting the states of AZ, FL, NC, SC or TX receive all plan-covered services through this Visitor/Travel coverage.  |   |
| <b>Chiropractic Care (Medicare-covered)</b> | \$20 copay  | \$20 copay  |
| <b>Foot Care (Podiatry Services)</b>        | \$35 copay  | \$40 copay  |
| <b>Home Health Care</b>                     | You pay nothing.  | You pay nothing.  |
| <b>Hospice</b>                              | 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.                   | 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. |
| <b>Medical Equipment/Supplies</b>           | <b>Durable medical equipment (e.g., wheelchairs, oxygen):</b>   |   |
|   | 30% of the cost   | 30% of the cost   |
|   | <b>Prosthetic devices (e.g., braces, artificial limbs):</b>   |   |
|   | 20% of the cost   | 20% of the cost   |
|   | <b>Diabetes monitoring supplies manufactured by Abbott and/or Lifescan:</b>   |   |
|   | \$0 copay   | \$0 copay   |
|   | <b>Diabetes self-management training:</b>   |   |
|   | You pay nothing.  | You pay nothing.  |
|   | <b>Therapeutic shoes or inserts:</b>  |   |
|   | 20% of the cost   | 20% of the cost   |

## Summary of Benefits

| Premiums and Benefits                            | SummaCare Medicare Jade NE (HMO)  | SummaCare Medicare Jade NW (HMO)  |
|--|---|---|
| <b>Outpatient Substance Abuse</b>                | <b>Group therapy visit:</b><br>\$35 copay   | \$40 copay  |
|  | <b>Individual therapy visit:</b><br>\$35 copay  | \$40 copay  |
| <b>Opioid Treatment Program Services</b>         | 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: <ul style="list-style-type: none"> <li>• FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable</li> <li>• Substance use counseling</li> <li>• Individual and group therapy</li> <li>• Intake activities</li> <li>• Periodic assessments</li> <li>• Toxicology testing</li> </ul>  |   |
|  | \$0 copay   | \$0 copay   |
| <b>Partial Hospitalization</b>                   | <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> |   |
|  | \$45 copay  | \$45 copay  |
| <b>Over-the-Counter Items</b>                    | 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 2025 OTC Product Catalog or visit <a href="https://summacare.com/otc">summacare.com/otc</a> for a complete list of plan-approved OTC items. You may also conduct a product search by retail location at <a href="https://summacare.com/otc">summacare.com/otc</a> . Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.  |   |
|  | \$85 allowance per quarter  | \$70 allowance per quarter  |
| <b>Renal Dialysis</b>                            | 20% of the cost   | 20% of the cost   |
| <b>Health and Wellness Programs and Services</b> | <ul style="list-style-type: none"> <li>• 24-Hour Nurse Line</li> <li>• QuitCare</li> <li>• Health Manager powered by WebMD®</li> </ul>  | <ul style="list-style-type: none"> <li>• Enhanced Condition and Care Management Programs</li> </ul> |

# Summary of Benefits

## Premiums and Benefits

SummaCare Medicare  
Jade NE (HMO)

SummaCare Medicare  
Jade NW (HMO)

## Bene-Flex Supplemental Benefits Options

Choose the options you want upon enrollment. Once selected, benefits cannot be changed until the next benefit year.



### Tier 1 (Pick 3)

Pick  
3

#### Fitness Tracker

One Fitbit® fitness tracker per calendar year. Must be obtained through SummaCare's vendor, Tivity Health.

\$0 copay

\$0 copay

#### Toenail Trimming

Includes up to four visits per calendar year performed by an in-network podiatrist.

\$0 copay

\$0 copay

#### BrainHQ

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. You can use BrainHQ on almost any computer or mobile device.

\$0 copay

\$0 copay

#### Acupuncture Services

Includes up to 10 general acupuncture visits performed by in-network providers. Visits must be scheduled through HOMELINK.

\$0 copay

\$0 copay

#### Chiropractic Care

Includes up to 10 visits for all manipulations from in-network chiropractors.

\$0 copay

\$0 copay

#### Nutrition Coaching

Up to four visits via Teladoc per calendar year for medical nutrition coaching services. If additional coaching services are needed, they can be provided by a SummaCare registered dietitian.

\$0 copay

\$0 copay



# Summary of Benefits

## Premiums and Benefits

SummaCare Medicare  
Jade NE (HMO)

SummaCare Medicare  
Jade NW (HMO)

## Additional Bene-Flex Supplemental Benefit Options (Select these upon enrollment)

### Tier 2 (Pick 1)

Pick  
1

#### SilverSneakers®

Fitness membership at more than 15,000 participating fitness locations.

\$0 copay

\$0 copay

#### Therapeutic Massage Therapy

Includes up to 10 therapeutic massage therapy visits performed by in-network providers. Service requires a provider referral before use.

\$0 copay

\$0 copay

#### Transportation

You're covered for up to 24 one-way trips to medical appointments. Most trips can be scheduled in as little as 30 minutes and you can see providers throughout SummaCare's 33-county service area. Trips must be scheduled through SummaCare's transportation vendor, HOMELINK.

Note: SummaCare's transportation vendor may utilize other ride share vendors like Lyft and Uber to fulfill your transportation request.

\$0 copay

\$0 copay

#### Indoor Air Quality

**Requires a diagnosis of asthma and/or COPD – including chronic bronchitis and/or emphysema.** One air purifier per calendar year. Benefit available to members who have an identified high risk of adverse health outcomes due to chronic respiratory conditions, participate with Care Management Services, or who meet program criteria. The purifier must be obtained through HOMELINK.

\$0 copay

\$0 copay

#### Meal Delivery – Post Discharge

Up to 28 post-discharge healthy, fully prepared, nutritious meals created by chefs and registered dietitians and delivered directly to your home. Meals must be obtained through Mom's Meals.

\$0 copay

\$0 copay

#### Meal Delivery – Chronic Care

**Requires a diagnosis of diabetes mellitus type 1 or type 2, congestive heart failure, chronic kidney disease, COPD, coronary artery disease, chronic non-alcoholic fatty liver disease, autoimmune disease, chronic and disabling mental health conditions, or neurologic disorders.** Up to 84 meals. Meals must be obtained through Mom's Meals.

\$0 copay

\$0 copay

# Summary of Benefits

| Premiums and Benefits | SummaCare Medicare Jade NE (HMO) | SummaCare Medicare Jade NW (HMO) |
|-----------------------|----------------------------------|----------------------------------|
|-----------------------|----------------------------------|----------------------------------|

## Additional Bene-Flex Supplemental Benefit Options (Select these upon enrollment)

| Tier 3 (Pick 1) <span>Pick 1</span>       |  |                  |
|---|--|------------------|
| Flex Card for Vision, Dental & Hearing    | You'll receive an additional \$500 allowance for vision, dental & hearing services on your SummaCare VISA card to lower your out-of-pocket expenses.   |                  |
|   | You pay nothing.   | You pay nothing. |
| Papa Pals                                 | <b>Hang Out and Help Out.</b> You're covered for up to 40 hours of assistance and/or companionship with a Papa Pal. Papa pairs older adults and families with Papa Pals for companionship and assistance with everyday tasks. Get help around the house, including light housework, a ride to the doctor's office or pharmacy (or anywhere around town), help with errands or simply someone to talk to. Providing support to SummaCare Medicare Advantage members also offers relief and respite to caregivers. Up to 40 hours of assistance. |                  |
|   | \$0 copay  | \$0 copay        |
| Healthy Grocery/Pantry                    | <b>Members must have a diagnosis of diabetes mellitus type 1 or type 2, congestive heart failure, chronic kidney disease, COPD, coronary artery disease, chronic non-alcoholic fatty liver disease, autoimmune disease, chronic and disabling mental health conditions, or neurologic disorders to choose/utilize it.</b> Up to \$40 per month on your SummaCare VISA card can be used towards the purchase of healthy grocery items at participating retailers nationwide.  |                  |
|   | \$0 copay  | \$0 copay        |
| Personal Emergency Response System (PERS) | Receive a GPS-enabled device through ConnectAmerica which will provide 24/7 emergency assistance and care.   |                  |
|   | \$0 copay  | \$0 copay        |
| Home Safety Devices                       | Up to \$400 per calendar year for home safety devices such as grab bars, shower stools and more. The Jade plan does not require a diagnosis to utilize this benefit.   |                  |
|   | \$0 copay  | \$0 copay        |

## Summary of Benefits

| Premiums and Benefits               | SummaCare Medicare Jade NE (HMO)   | SummaCare Medicare Jade NW (HMO) |
|-------------------------------------|--|----------------------------------|
| <b>Optional Supplemental Dental</b> | <p>If you elect to enroll in this optional supplemental dental plan, you'll pay an additional \$37 per month in order to obtain the following additional benefits. You must keep paying your Medicare Part B premium and your SummaCare Medicare plan premium.</p> <ul style="list-style-type: none"> <li>• If you purchase this optional supplemental dental benefit, the plan will pay a total maximum benefit of \$3,000 per benefit year. This includes your embedded and supplemental dental benefits.</li> <li>• Services must be received through Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network of providers.</li> <li>• Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network are NOT covered benefits.</li> <li>• There is no waiting period for coverage to begin.</li> <li>• The following benefits are in addition to the embedded benefits covered in your plan see page 50.</li> </ul> |                                  |
|                                     | <b>Inlays/Onlays:</b>  |                                  |
|                                     | 50% coinsurance  | 50% coinsurance                  |
|                                     | <b>Periodontal Maintenance:</b>  |                                  |
|                                     | 50% coinsurance  | 50% coinsurance                  |
|                                     | <b>Periodontal Non-Surgical Procedures:</b>  |                                  |
|                                     | 50% coinsurance  | 50% coinsurance                  |
|                                     | <b>Periodontal Surgical Procedures:</b>  |                                  |
|                                     | 50% coinsurance  | 50% coinsurance                  |
|                                     | <b>Denture Relines/Repairs:</b>  |                                  |
|                                     | 50% coinsurance  | 50% coinsurance                  |
|                                     | <b>Bridge Repairs:</b>   |                                  |
|                                     | 50% coinsurance  | 50% coinsurance                  |

## Summary of Benefits

| Premiums and Benefits | SummaCare Medicare Jade NE (HMO) | SummaCare Medicare Jade NW (HMO) |
|-----------------------|----------------------------------|----------------------------------|
|-----------------------|----------------------------------|----------------------------------|

### Optional Supplemental Dental Continued

|                              |  |                 |
|------------------------------|--|-----------------|
| Optional Supplemental Dental | <b>Surgical Extractions/Oral Surgery:</b>                          |                 |
|                              | 50% coinsurance  | 50% coinsurance |
|                              | <b>Brush Biopsy:</b>   |                 |
|                              | 50% coinsurance  | 50% coinsurance |
|                              | <b>Occlusal Guards/Occlusal Adjustments:</b>                       |                 |
|                              | 50% coinsurance  | 50% coinsurance |
|                              | <b>General Anesthesia or IV Sedation when medically necessary:</b> |                 |
|                              | 50% coinsurance  | 50% coinsurance |





**Pam C.**

Member since 2023, Kent



# Jade with Bene-Flex™

Take control of your benefits with our Jade (HMO) plan. You select the benefits to add to already built-in comprehensive medical and prescription drug (Part D) coverage.

## What do we cover?

SummaCare Medicare Advantage plans cover everything Original Medicare covers and more. All of our plans (except Amber (HMO) include Medicare (Part D) prescription drugs. You can see the complete plan formulary (list of covered drugs) and any restrictions on our website by visiting [summacare.com/find-your-drug](https://summacare.com/find-your-drug) and then choosing "Medicare Advantage."

## How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use SummaCare's Medicare formulary (list of covered drugs at [summacare.com/find-your-drug](https://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 and what stage of the benefit you have reached.

## Which providers, hospitals and pharmacies can I use?

SummaCare Medicare Jade has a network of providers, hospitals and pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for these services – except for emergency, urgent and out-of-area renal dialysis services. Out-of-network/non-contracted providers are under no obligation to treat SummaCare members, except in emergency situations. Please call our Member Services number or request an Evidence of Coverage (EOC) document for more information, including the cost sharing that applies to out-of-network services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider directory on our website, [summacare.com/medicare](https://summacare.com/medicare), or call us and we will send you a copy of the provider directory. The plans in this Summary of Benefits (SOB) document also include Visitor/Travel coverage.

## Want to learn more?

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

To enroll in SummaCare, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. This document is available in other formats such as braille, large print or audio.

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

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](https://medicare.gov) or order a copy by calling **800.MEDICARE (800.633.4227)**, 24 hours a day, 7 days a week. TTY users should call **877.486.2048**.

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

- **800.MEDICARE (800.633.4227)**, 24 hours a day, 7 days a week. TTY/TDD users call **877.486.2048**.
- The Social Security Administration at **800.772.1213**, Monday – Friday, 7 a.m. to 7 p.m. TTY/TDD users call **800.325.0778**.



# Jade with Bene-Flex™

## Take control of your benefits with our Jade (HMO) Plan.

You select the benefits to add to already-built-in comprehensive medical and prescription drug (Part D) coverage.

Here's how it works:

In addition to core supplemental benefits listed below, you select a total of **FIVE** additional supplemental benefits to add to your plan.



### Build your own package of benefits

| Core Benefits   | Tier 1<br>(Pick 3) <small>Pick 3</small>  | Tier 2<br>(Pick 1) <small>Pick 1</small>  | Tier 3<br>(Pick 1) <small>Pick 1</small>  |
|---|---|---|---|
| <ul style="list-style-type: none"> <li>• <b>Dental</b></li> <li>• <b>Vision</b></li> <li>• <b>Hearing</b></li> <li>• <b>OTC</b></li> <li>• <b>Visitor/Travel</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Fitness Tracker</b> <ul style="list-style-type: none"> <li>• Fitbit®</li> </ul> </li> <li>• <b>Toenail Trimming</b> <ul style="list-style-type: none"> <li>• 4 times per year</li> </ul> </li> <li>• <b>BrainHQ Memory Fitness</b> <ul style="list-style-type: none"> <li>• Annual subscription</li> </ul> </li> <li>• <b>Acupuncture</b> <ul style="list-style-type: none"> <li>• 10 visits</li> </ul> </li> <li>• <b>Chiropractic Care</b> <ul style="list-style-type: none"> <li>• 10 visits</li> </ul> </li> <li>• <b>Nutrition Coaching</b> <ul style="list-style-type: none"> <li>• 4 visits</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>SilverSneakers®</b></li> <li>• <b>Massage Therapy*</b> <ul style="list-style-type: none"> <li>• 10 visits</li> </ul> </li> <li>• <b>Transportation</b> <ul style="list-style-type: none"> <li>• 24 one-way trips</li> </ul> </li> <li>• <b>Indoor Air Quality</b> <ul style="list-style-type: none"> <li>• Air purifier**</li> </ul> </li> <li>• <b>Post Discharge Meal Delivery</b> <ul style="list-style-type: none"> <li>• 28 meals</li> </ul> </li> <li>• <b>Chronic Care Meal Delivery***</b> <ul style="list-style-type: none"> <li>• 84 meals</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>Flex Card for Vision, Dental &amp; Hearing</b> <ul style="list-style-type: none"> <li>• \$500 additional allowance on your SummaCare Visa to lower out-of-pocket expenses</li> </ul> </li> <li>• <b>Papa Pals</b> <ul style="list-style-type: none"> <li>• 40 hours</li> </ul> </li> <li>• <b>Healthy Grocery Allowance***</b> <ul style="list-style-type: none"> <li>• \$40 monthly allowance on your SummaCare Visa</li> </ul> </li> <li>• <b>PERS (Personal Emergency Response System)</b></li> <li>• <b>Home Safety Devices</b> <ul style="list-style-type: none"> <li>• \$400 allowance, not limited by diagnosis</li> </ul> </li> </ul> |

\*This benefit requires a doctor's order in order to be chosen/utilized.

\*\*This benefit is part of a special supplemental program for the chronically ill; members must have a diagnosis of asthma and/or COPD – including chronic bronchitis and/or emphysema to choose/utilize it.

\*\*\* These benefits are part of a special supplemental program for the chronically ill; members must have a diagnosis of diabetes mellitus type 1 or type 2, congestive heart failure, chronic kidney disease, COPD, coronary artery disease, chronic non-alcoholic fatty liver disease, autoimmune disease, chronic and disabling mental health conditions, or neurologic disorders to choose/utilize it.

For more details on Jade supplemental benefits, refer to page 66-67 of this guide.



## Core Benefits

The benefits below are included with the Jade plan. The following pages provide more details about the optional benefits you can add to create your own coverage.



**Dental**  
through  
Dental Dental



**Hearing Aid**  
Coverage



**Visitor/  
Travel**



**Vision**  
Coverage



**Over-the-Counter**  
(OTC) Items

## Choose from the following benefits to complete your coverage:

### Tier 1 (Pick 3)

Pick  
3

#### **Fitness Tracker**

One Fitbit® fitness tracker per calendar year. These wearable health and wellness devices encourage physical activity through accountability and achievements for better health outcomes. Each Fitbit must be obtained through SummaCare's vendor, Tivity Health.

#### **Toenail Trimming**

Up to four visits per calendar year. Trimming performed by in-network podiatrists.

#### **BrainHQ Memory Fitness**

BrainHQ™ is 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. You can use BrainHQ on almost any computer or mobile device.

#### **Acupuncture Services**

You're covered for up to 10 general acupuncture visits.

#### **Chiropractic Care**

Up to 10 office visits and all manipulations from in-network chiropractors are included in Jade plan coverage.

#### **Nutrition Coaching**

Up to four visits via Teladoc per calendar year for medical nutrition coaching services. If additional coaching services are needed, they can be provided by a SummaCare registered dietitian.

### Tier 2 (Pick 1)

Pick  
1

#### **SilverSneakers®**

SilverSneakers® Fitness Program (at participating gyms): 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 (these locations are not owned or operated by Tivity Health or its affiliates and the use of facilities and amenities at these locations is limited to the terms and conditions of the location's basic membership). 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.

#### **Therapeutic Massage Therapy\***

You're covered for up to 10 therapeutic massage therapy visits. (May require a provider's order.)

#### **Transportation**

You're covered for up to 24 one-way trips to medical appointments. Most trips can be scheduled in as little as 30 minutes and you can see providers throughout SummaCare's 33-county service area.

#### **Indoor Air Quality\*\***

One air purifier per calendar year. Benefit available to members who have an identified high risk of adverse health outcomes due to chronic respiratory conditions. The purifier must be obtained through HOMELINK or members will be responsible for the full cost of the unit.



## Post-Discharge or Chronic Care\*\*\* Meal Delivery

Healthy, fully-prepared, nutritious meals created by chefs and registered dietitians and delivered directly to your home. Choose either 28 meals post-discharge or 84 meals for chronic care.

### Tier 3 (Pick 1)

Pick  
1

## Flex Card for Vision, Dental & Hearing

Up to \$500 Benefit Bucks on your SummaCare Visa card to be used to pay dental, hearing or vision providers directly for any out-of-pocket expenses you may incur. The card is not a credit card. The debit card may not be redeemed for cash or used to pay for another individual's expenses. Unused balances will not roll over to the next calendar year. If a provider does not accept debit card payments or if there is a card transaction failure, members may submit a claim form for reimbursement along with the original printed, itemized provider receipt. Claims must be submitted within 90 days of the date of service on the receipt.

## Papa Pals

**Hang Out and Help Out.** You're covered for up to 40 hours of assistance and/or companionship with a Papa Pal. 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.

## Healthy Grocery/Pantry\*\*\*

\$40 allowance per month. Benefit may be used to purchase healthy grocery items—an essential step in managing chronic medical conditions and helping maintain or improve your overall health. Unused grocery benefit balances will not roll over to the next month or calendar year. Make purchases using your SummaCare Visa card at participating retailers nationwide.

## PERS

The PERS (Personal Emergency Response System), offered through ConnectAmerica, provides 24/7 emergency assistance and care — and is GPS-enabled to work outside the home.

## Home Safety Devices

\$400 for home safety devices, such as grab bars, shower stools and more.



**For those enrolling in the Jade plan, you'll be asked to select your benefits upon enrollment.**

\*This benefit may require a doctor's order in order to be chosen/utilized.

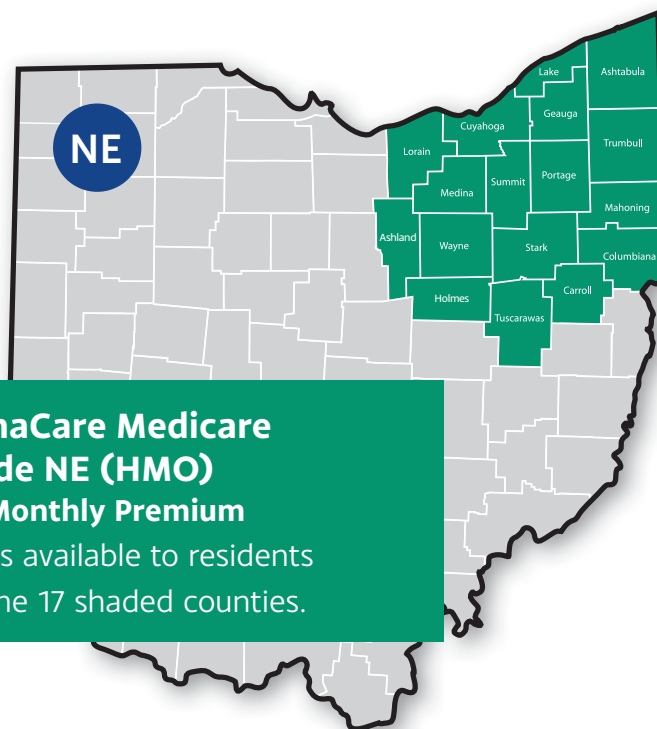
\*\*This benefit is part of a special supplemental program for the chronically ill; members must have a diagnosis of asthma and/or COPD — including chronic bronchitis and/or emphysema to choose/utilize it.

\*\*\*These benefits are part of a special supplemental program for the chronically ill; members must have a diagnosis of diabetes mellitus type 1 or type 2, congestive heart failure, chronic kidney disease, COPD, coronary artery disease, chronic non-alcoholic fatty liver disease, autoimmune disease, chronic and disabling mental health conditions, or neurologic disorders to choose/utilize it.

# Jade HMO Plans

With a SummaCare HMO plan, you utilize the *SCMedicare* network of providers for all your care, except in certain circumstances including emergency and urgent care services and renal dialysis services.

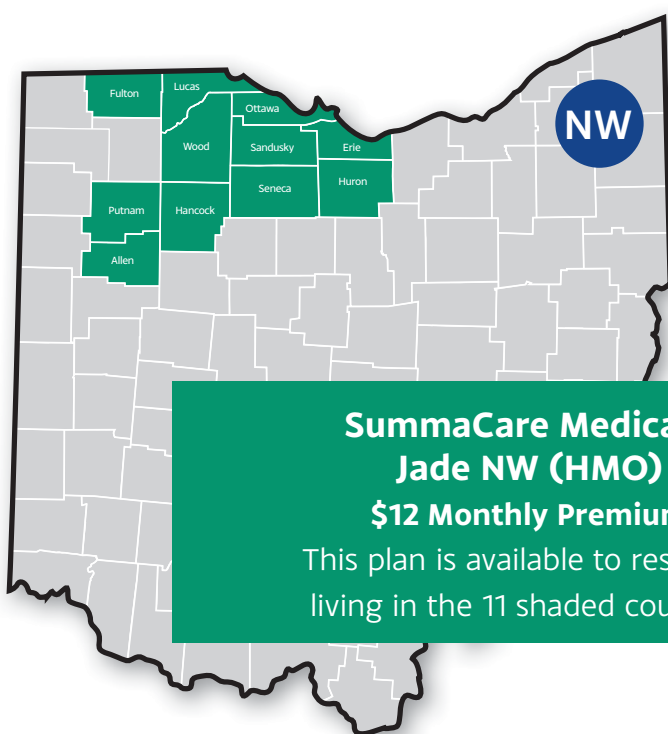
If you live in a county named on the map, you are eligible to enroll in that HMO plan.



## SummaCare Medicare Jade NE (HMO)

**\$12 Monthly Premium**

This plan is available to residents living in the 17 shaded counties.



## SummaCare Medicare Jade NW (HMO)

**\$12 Monthly Premium**

This plan is available to residents living in the 11 shaded counties.

**Sapphire  
(HMO-POS)**

**Emerald  
(HMO-POS)**







# Summary of Benefits Sapphire, Emerald (HMO-POS)

Plan Year January 1, 2025, through December 31, 2025

## **SummaCare Medicare Sapphire (HMO-POS) (H3660\_029)**

The SummaCare Medicare Sapphire (HMO-POS) plan is available to residents of the following counties in Ohio: Allen, Ashland, Ashtabula, Auglaize, Carroll, Columbiana, Cuyahoga, Defiance, Fulton, Geauga, Hancock, Henry, Huron, Holmes, Lake, Lorain, Lucas, Mahoning, Medina, Mercer, Ottawa, Portage, Putnam, Seneca, Stark, Summit, Trumbull, Tuscarawas, Van Wert, Wayne and Wood.

## **SummaCare Medicare Emerald (HMO-POS) (H3660\_028)**

The SummaCare Medicare Emerald (HMO-POS) plan is available to residents of the following counties in Ohio: Ashtabula, Carroll, Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Tuscarawas and Wayne.

SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. Some of the benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify for all benefits. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services. H3660\_SC1245\_M Accepted 09032024

## Summary of Benefits

| Premiums and Benefits                       | SummaCare Medicare Sapphire (HMO-POS)   | SummaCare Medicare Emerald (HMO-POS)   |
|---|---|--|
| <b>Monthly Plan Premium</b>                 | You must continue to pay your Medicare Part B premium.  |  |
|   | You pay \$80  | You pay \$152  |
| <b>Medical Deductible</b>                   | \$0 copay   | \$0 copay  |
| <b>Maximum Out-of-Pocket Responsibility</b> | <ul style="list-style-type: none"> <li>Does not include prescription drugs.</li> <li>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.</li> </ul> |  |
|   | \$3,650   | \$2,800  |
| <b>Inpatient Hospital Coverage</b>          | Our plan pays for an unlimited number of days for an inpatient hospital stay.   |  |
|   | <b>In-network:</b><br>\$240 copay per day for days 1 through 6. You pay nothing after day 6.<br><br><b>Out-of-network:</b><br>25% of the cost for days 1 through 90.  | <b>In-network:</b><br>\$205 copay per day for days 1 through 5. You pay nothing after day 5.<br><br><b>Out-of-network:</b><br>20% of the cost for days 1 through 90. |
| <b>Outpatient Hospital Coverage</b>         | <b>Outpatient hospital:</b><br><b>In-network:</b> \$205 copay<br><b>Out-of-network:</b> 20% of the cost   | <b>In-network:</b> \$175 copay<br><b>Out-of-network:</b> 20% of the cost   |
|   | <b>Observation services:</b><br><b>In-network:</b> \$205 copay<br><b>Out-of-network:</b> 20% of the cost  | <b>In-network:</b> \$175 copay<br><b>Out-of-network:</b> 20% of the cost   |
| <b>Ambulatory Surgical Center</b>           | <b>In-network:</b> \$205 copay<br><b>Out-of-network:</b> 20% of the cost  | <b>In-network:</b> \$175 copay<br><b>Out-of-network:</b> 20% of the cost   |
| <b>Provider Visits</b>                      | You are not required to receive authorization before seeking care from any specialists.   |  |
|   | <b>Primary care provider visit:</b><br><b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$20 copay  | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$20 copay  |
|   | <b>Specialist visit:</b><br><b>In-network:</b> \$35 copay<br><b>Out-of-network:</b> \$55 copay  | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$40 copay  |

## Summary of Benefits

| Premiums and Benefits   | SummaCare Medicare Sapphire (HMO-POS)   | SummaCare Medicare Emerald (HMO-POS)   |
|---|---|--|
| <b>Preventive Care</b><br>(e.g., flu vaccines, diabetic screenings) | <b>Our plan covers many preventive services, including:</b> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Annual Wellness Visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screening and counseling</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines (including flu, Hepatitis B, pneumococcal)</li> <li>• "Welcome to Medicare" preventive visit (one-time)</li> </ul> |  |
|   | <b>In-network:</b> You pay nothing.<br><b>Out-of-network:</b> \$20 copay  | <b>In-network:</b> You pay nothing.<br><b>Out-of-network:</b> \$20 copay                 |
| <b>Emergency Care</b>   | 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.  |  |
|   | <b>In-network:</b> \$120 copay per visit<br><b>Out-of-network:</b> \$120 copay per visit  | <b>In-network:</b> \$120 copay per visit<br><b>Out-of-network:</b> \$120 copay per visit |

## Summary of Benefits

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



## Summary of Benefits

| Premiums and Benefits   | SummaCare Medicare Sapphire (HMO-POS)   | SummaCare Medicare Emerald (HMO-POS)   |
|-------------------------|---|--|
| <b>Hearing Services</b> | 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. |  |
|                         | <b>Diagnostic hearing exam:</b>   |  |
|                         | <b>In-network:</b> \$0-\$15 copay, depending on the location<br><b>Out-of-network:</b> \$55 copay   | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$40 copay  |
|                         | <b>Supplemental routine hearing exam:</b>   |  |
|                         | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$55 copay   | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$40 copay  |
| <b>Dental Services</b>  | <b>Hearing aids:</b> 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.  |  |
|                         | <b>In-network:</b> \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids<br><b>Out-of-network:</b> Not covered  | <b>In-network:</b> \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids<br><b>Out-of-network:</b> Not covered |
|                         | <b>Preventive dental</b> 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.   |  |
|                         | <b>In-network:</b> \$0 copay per visit<br><b>Out-of-network:</b> Not covered  | <b>In-network:</b> \$0 copay per visit<br><b>Out-of-network:</b> Not covered   |
|                         | <b>Comprehensive Dental Services:</b>   |  |
|                         | You pay 50% coinsurance for fillings, root canals and simple extractions.   | You pay 50% coinsurance for fillings, root canals and simple extractions.  |
|                         | You pay 70% coinsurance for bridges, crowns, crown repair 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.  |



## Summary of Benefits

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

## Summary of Benefits

| Premiums and Benefits           | SummaCare Medicare Sapphire (HMO-POS)   | SummaCare Medicare Emerald (HMO-POS)  |
|---------------------------------|---|---|
| <b>Mental Health Services</b>   | 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. |   |
|                                 | <b>Inpatient visit:</b>   |   |
|                                 | <b>In-network:</b> \$240 copay per day for days 1 through 5. You pay nothing after day 5.<br><b>Out-of-network:</b> 25% of the cost for days 1 through 90.  | <b>In-network:</b> \$205 copay per day for days 1 through 4. You pay nothing after day 4.<br><b>Out-of-network:</b> 20% of the cost for days 1 through 90.                                |
|                                 | <b>Outpatient group therapy visit:</b>  |   |
|                                 | <b>In-network:</b> \$35 copay<br><b>Out-of-network:</b> \$55 copay  | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$40 copay   |
|                                 | <b>Outpatient individual therapy visit:</b>   |   |
|                                 | <b>In-network:</b> \$35 copay<br><b>Out-of-network:</b> \$55 copay  | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$40 copay   |
| <b>Skilled Nursing Facility</b> | Our plan covers up to 100 days in a Skilled Nursing Facility. No prior hospital stay required.  |   |
|                                 | <b>In-network:</b> \$0 copay per day for days 1 through 20.<br><br>\$195 copay per day for days 21 through 100.<br><br><b>Out-of-network:</b> \$195 copay per day for days 1 through 100.                               | <b>In-network:</b> \$0 copay per day for days 1 through 20.<br><br>\$188 copay per day for days 21 through 100.<br><br><b>Out-of-network:</b> \$188 copay per day for days 1 through 100. |

# Summary of Benefits

| Premiums and Benefits               | SummaCare Medicare Sapphire (HMO-POS)   | SummaCare Medicare Emerald (HMO-POS)   |
|-------------------------------------|---|--|
| Rehabilitation and Physical Therapy | <b>Cardiac (heart) rehab services:</b>  |  |
|                                     | <b>In-network:</b> You pay nothing.<br><b>Out-of-network:</b> \$55 copay  | <b>In-network:</b> You pay nothing.<br><b>Out-of-network:</b> \$40 copay                                   |
|                                     | <b>Occupational therapy visit:</b>  |  |
|                                     | <b>In-network:</b> \$35 copay<br><b>Out-of-network:</b> \$55 copay  | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$40 copay  |
|                                     | <b>Physical therapy and speech and language therapy visit:</b>  |  |
|                                     | <b>In-network:</b> \$35 copay<br><b>Out-of-network:</b> \$55 copay  | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$40 copay  |
| Ambulance                           | Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.                       |  |
|                                     | <b>Ground ambulance:</b>  |  |
|                                     | <b>In-network:</b> \$200 copay<br><b>Out-of-network:</b> \$200 copay  | <b>In-network:</b> \$200 copay<br><b>Out-of-network:</b> \$200 copay                                       |
|                                     | <b>Air ambulance:</b>   |  |
|                                     | <b>In-network:</b> \$200 copay<br><b>Out-of-network:</b> \$200 copay  | <b>In-network:</b> \$200 copay<br><b>Out-of-network:</b> \$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. <b>Trips must be scheduled through SummaCare's transportation vendor, HOMELINK.</b> |  |
|                                     | <b>In-network:</b> \$0 copay for 10 one-way trips per calendar year.<br><b>Out-of-network:</b> Not covered  | <b>In-network:</b> \$0 copay for 12 one-way trips per calendar year.<br><b>Out-of-network:</b> Not covered |
| Medicare Part B Drugs               | <b>For Part B-covered chemotherapy drugs and other Part B-covered drugs:</b><br>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.     |  |
|                                     | <b>In-network:</b> Up to 20% of the cost<br><b>Out-of-network:</b> 30% of the cost  | <b>In-network:</b> Up to 20% of the cost<br><b>Out-of-network:</b> 30% of the cost                         |

# Summary of Benefits

## Premiums and Benefits

## SummaCare Medicare Sapphire (HMO-POS)

## SummaCare Medicare Emerald (HMO-POS)

**Part D Prescription Drugs.** The amount you pay depends on the drug's tier, what stage of the benefit you have reached, and pharmacy type or status (e.g., preferred/non-preferred, mail order, long-term care (LTC), and 30- or 90-day supply).

|  |   |   |
|--|---|---|
| <b>Deductible</b>                      | If applicable, you must pay the full cost of your tier 3 and tier 4 drugs until you reach the plan's deductible amount. The deductible does not apply to covered insulin products and most adult Part D vaccines.   |   |
|  | \$50  | There is no deductible  |
| <b>Initial Coverage Stage</b>          | 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. |   |
| <b>Tier 1</b><br>(Preferred Generic)   | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three Month: \$0  | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three Month: \$0              |
| <b>Tier 2</b><br>(Generic)             | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three Month: \$0  | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three Month: \$0              |
| <b>Tier 3</b><br>(Preferred Brand)     | <b>Retail</b><br>One Month: \$46<br>Three Month: \$115<br><br><b>Mail-Order</b><br>Three Month: \$115   | <b>Retail</b><br>One Month: \$39<br>Three Month: \$97.50<br><br><b>Mail-Order</b><br>Three Month: \$97.50     |
| <b>Tier 4</b><br>(Non-preferred Drugs) | <b>Retail</b><br>One Month: \$100<br>Three Month: \$300<br><br><b>Mail-Order</b><br>Three Month: \$300  | <b>Retail</b><br>One Month: \$95<br>Three Month: \$285<br><br><b>Mail-Order</b><br>Three Month: \$285         |
| <b>Tier 5 (Specialty)</b>              | <b>Retail</b><br>One Month: 32%<br>Three Month: N/A<br><br><b>Mail-Order:</b> 32%<br>Limited to 30-day supply   | <b>Retail</b><br>One Month: 33%<br>Three Month: N/A<br><br><b>Mail-Order:</b> 33%<br>Limited to 30-day supply |

# Summary of Benefits

| Premiums and Benefits | SummaCare Medicare Sapphire (HMO-POS) | SummaCare Medicare Emerald (HMO-POS) |
|-----------------------|---------------------------------------|--------------------------------------|
|-----------------------|---------------------------------------|--------------------------------------|

## Part D Prescription Drugs continued

|   |  |  |
|---|--|--|
| <b>Tier 6</b><br>(Select care drugs - including vaccines) | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three month: \$0   | <b>Retail</b><br>One Month: \$0<br>Three Month: \$0<br><br><b>Mail-Order</b><br>Three month: \$0 |
| <b>Catastrophic Coverage Stage</b>                        | After your out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach the \$2,000 limit for the calendar year, you will pay nothing for your covered Part D drugs. |  |
| <b>Insulin Cost Sharing</b>                               | You will pay no more than \$35 for a one month supply of insulin covered under Part D.   |  |

# Summary of Benefits

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



## Summary of Benefits

| Premiums and Benefits                       | SummaCare Medicare Sapphire (HMO-POS)   | SummaCare Medicare Emerald (HMO-POS)  |
|---|---|---|
| <b>Papa Pals</b>                            | <b>Hang Out and Help Out.</b> Papa pairs older adults and families with Papa Pals for companionship and assistance with everyday tasks. Get help around the house, including light housework, a ride to the doctor's office or pharmacy (or anywhere around town), help with errands or simply someone to talk to. Providing support to SummaCare Medicare Advantage members also offers relief and respite to caregivers.                                |   |
|   | Up to 60 hours of assistance  | Up to 80 hours of assistance  |
| <b>Visitor/Travel Coverage</b>              | SummaCare Medicare members who are visiting the states of Arizona, Florida or Texas receive all plan-covered services through this Visitor/Travel coverage.   |   |
| <b>Meal Delivery</b>                        | 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).  |   |
| <b>Therapeutic Massage</b>                  | Includes any combination of therapeutic massage and acupuncture service visits. This is limited to six visits per calendar year.  |   |
|   | Not covered   | <b>In-network:</b> \$10 copay per visit for any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year.<br><b>Out-of-network:</b> Not covered |
| <b>Home Safety Devices</b>                  | 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.<br><b>Emerald members do not require a diagnosis to utilize this benefit.</b> |   |
|   | <b>In-network:</b> \$225 allowance per year<br><b>Out-of-network:</b> Not covered   | <b>In-network:</b> \$250 allowance per year<br><b>Out-of-network:</b> Not covered   |
| <b>Chiropractic Care (Medicare-covered)</b> | <b>In-network:</b> \$20 copay<br><b>Out-of-network:</b> \$55 copay  | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$40 copay   |
| <b>Foot Care (Podiatry Services)</b>        | <b>In-network:</b> \$35 copay<br><b>Out-of-network:</b> \$55 copay  | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$40 copay   |

## Summary of Benefits

| Premiums and Benefits      | SummaCare Medicare Sapphire (HMO-POS)   | SummaCare Medicare Emerald (HMO-POS)  |
|----------------------------|---|---|
| Home Health Care           | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> 20% of the cost  | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> 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. | 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 | <b>Durable medical equipment (e.g., wheelchairs, oxygen):</b>   |   |
|                            | <b>In-network:</b> 20% of the cost<br><b>Out-of-network:</b> 30% of the cost  | <b>In-network:</b> 20% of the cost<br><b>Out-of-network:</b> 30% of the cost  |
|                            | <b>Prosthetic devices (e.g., braces, artificial limbs):</b>   |   |
|                            | <b>In-network:</b> 20% of the cost<br><b>Out-of-network:</b> 30% of the cost  | <b>In-network:</b> 20% of the cost<br><b>Out-of-network:</b> 30% of the cost  |
|                            | <b>Diabetes monitoring supplies manufactured by Abbott and/or Lifescan:</b>   |   |
|                            | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> 30% of the cost  | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> 30% of the cost  |
|                            | <b>Diabetes self-management training:</b>   |   |
|                            | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$20 copay   | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$20 copay   |
|                            | <b>Therapeutic shoes or inserts:</b>  |   |
|                            | <b>In-network:</b> 20% of the cost<br><b>Out-of-network:</b> 30% of the cost  | <b>In-network:</b> 20% of the cost<br><b>Out-of-network:</b> 30% of the cost  |
| Outpatient Substance Abuse | <b>Group therapy visit:</b><br><b>In-network:</b> \$35 copay<br><b>Out-of-network:</b> \$55 copay                                     | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$40 copay   |
|                            | <b>Individual therapy visit:</b><br><b>In-network:</b> \$35 copay<br><b>Out-of-network:</b> \$55 copay                                | <b>In-network:</b> \$0 copay<br><b>Out-of-network:</b> \$40 copay   |

## Summary of Benefits

| Premiums and Benefits                    | SummaCare Medicare Sapphire (HMO-POS)  | SummaCare Medicare Emerald (HMO-POS)   |
|--|--|--|
| <b>Opioid Treatment Program Services</b> | <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"> <li>• FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable</li> <li>• Substance-use counseling</li> <li>• Individual and group therapy</li> <li>• Intake activities</li> <li>• Periodic assessments</li> <li>• Toxicology testing</li> </ul>  |  |
|  | <p><b>In-network:</b> \$0 copay</p> <p><b>Out-of-network:</b> \$55 copay</p>   | <p><b>In-network:</b> \$0 copay</p> <p><b>Out-of-network:</b> \$40 copay</p>                   |
| <b>Partial Hospitalization</b>           | <p>"Partial hospitalization" is a structured program of active psychiatric treatment provided as a hospital outpatient service or by a community mental health center, that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p> <p>Intensive outpatient service is a structured program of active behavioral (mental) health therapy treatment provided in a hospital outpatient department, a community mental health center, a Federally qualified health center, or a rural health clinic that is more intense than the care received in your doctor's or therapist's office but less intense than partial hospitalization.</p> |  |
|  | <p><b>In-network:</b> \$40 copay</p> <p><b>Out-of-network:</b> \$55 copay</p>  | <p><b>In-network:</b> \$20 copay</p> <p><b>Out-of-network:</b> \$40 copay</p>                  |
| <b>Over-the-Counter Items</b>            | <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 2025 OTC Product Catalog or visit <a href="https://summacare.com/otc">summacare.com/otc</a> for a complete list of plan-approved OTC items. You may also conduct a product search by retail service at <a href="https://summacare.com/otc">summacare.com/otc</a>. Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.</p>  |  |
|  | <p><b>In-network:</b> \$75 allowance per quarter</p> <p><b>Out-of-network:</b> Not covered</p>   | <p><b>In-network:</b> \$55 allowance per quarter</p> <p><b>Out-of-network:</b> Not covered</p> |
| <b>Renal Dialysis</b>                    | <p><b>In-network:</b> 20% of the cost</p> <p><b>Out-of-network:</b> 20% of the cost</p>  | <p><b>In-network:</b> 20% of the cost</p> <p><b>Out-of-network:</b> 20% of the cost</p>        |

## Summary of Benefits

| Premiums and Benefits                            | SummaCare Medicare Sapphire (HMO-POS)  | SummaCare Medicare Emerald (HMO-POS) |
|--|--|--------------------------------------|
| <b>Health and Wellness Programs and Services</b> | <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 24-Hour Nurse Line</li> <li>• QuitCare</li> <li>• Health Manager Powered by WebMD®</li> <li>• Enhanced Condition and Care Management Programs</li> </ul> |                                      |

## Summary of Benefits

| Premiums and Benefits               | SummaCare Medicare Sapphire (HMO-POS)  | SummaCare Medicare Emerald (HMO-POS) |
|-------------------------------------|--|--------------------------------------|
| <b>Optional Supplemental Dental</b> | <p>If you elect to enroll in this optional supplemental dental plan, you'll pay an additional \$37 per month in order to obtain the following additional benefits. You must keep paying your Medicare Part B premium and your SummaCare Medicare plan premium.</p> <ul style="list-style-type: none"> <li>• If you purchase this optional supplemental dental benefit, the plan will pay a total maximum benefit of \$2,000 per benefit year. This includes your embedded and supplemental dental benefits.</li> <li>• Services must be received through Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network of providers.</li> <li>• Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network are NOT covered benefits.</li> <li>• There is no waiting period for coverage to begin.</li> </ul> <p>The following benefits are in addition to the embedded benefits covered in your plan see page 75.</p> |                                      |
|                                     | <b>Inlays/Onlays:</b>  |                                      |
|                                     | 50% coinsurance  | 50% coinsurance                      |
|                                     | <b>Periodontal Maintenance:</b>  |                                      |
|                                     | 50% coinsurance  | 50% coinsurance                      |
|                                     | <b>Periodontal Non-Surgical Procedures:</b>  |                                      |
|                                     | 50% coinsurance  | 50% coinsurance                      |
|                                     | <b>Periodontal Surgical Procedures:</b>  |                                      |
|                                     | 50% coinsurance  | 50% coinsurance                      |
|                                     | <b>Denture Relines/Repairs:</b>  |                                      |
|                                     | 50% coinsurance  | 50% coinsurance                      |
|                                     | <b>Bridge Repairs:</b>   |                                      |
|                                     | 50% coinsurance  | 50% coinsurance                      |
|                                     | <b>Surgical Extractions/Oral Surgery:</b>  |                                      |
|                                     | 50% coinsurance  | 50% coinsurance                      |

# Summary of Benefits

| Premiums and Benefits | SummaCare Medicare Sapphire (HMO-POS) | SummaCare Medicare Emerald (HMO-POS) |
|-----------------------|---------------------------------------|--------------------------------------|
|-----------------------|---------------------------------------|--------------------------------------|

## Optional Supplemental Dental Continued

|                              |  |                 |
|------------------------------|--|-----------------|
| Optional Supplemental Dental | <b>Brush Biopsy:</b>   |                 |
|                              | 50% coinsurance  | 50% coinsurance |
|                              | <b>Occlusal Guards/Occlusal Adjustments:</b>   |                 |
|                              | 50% coinsurance  | 50% coinsurance |
|                              | <b>General Anesthesia or IV Sedation when medically necessary:</b>                                     |                 |
|                              | 50% coinsurance  | 50% coinsurance |
|                              | The following benefits are lower cost share to the embedded benefits covered in your plan see page 75. |                 |
|                              | <b>Bridges:</b>  |                 |
|                              | 50% coinsurance  | 50% coinsurance |
|                              | <b>Crowns &amp; Crown Repairs:</b>   |                 |
|                              | 50% coinsurance  | 50% coinsurance |
|                              | <b>Dentures:</b>   |                 |
|                              | 50% coinsurance  | 50% coinsurance |



# Things to Know About SummaCare Sapphire and Emerald

## What do we cover?

SummaCare Medicare Advantage plans cover everything Original Medicare covers and more. All of our plans (except Amber (HMO)) include Medicare (Part D) prescription drugs. You can see the complete plan formulary (list of covered drugs) and any restrictions on our website by visiting [summacare.com/find-your-drug](https://summacare.com/find-your-drug) and then choosing "Medicare Advantage."

## How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use SummaCare's Medicare formulary (list of covered drugs at [summacare.com/find-your-drug](https://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 and what stage of the benefit you have reached.

## Which providers, hospitals and pharmacies can I use?

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

we will send you a copy of the provider directory. The plans in this Summary of Benefits (SOB) document also include Visitor/Travel coverage.

## Want to learn more?

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

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

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

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

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

# HMO-POS Plans

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

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



## SummaCare Medicare Sapphire (HMO-POS)

**\$80 Monthly Premium**

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



## SummaCare Medicare Emerald (HMO-POS)

**\$152 Monthly Premium**

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



**Lavell P.**

Member since 2018, Maple Heights

**Part D**  
**Prescription**  
**Drug Coverage**







## SummaCare Medicare Advantage plans\* include Medicare Part D prescription drug coverage.

### The SummaCare Medicare Formulary (Drug List)

The SummaCare Medicare Formulary is a list of covered drugs under SummaCare Medicare Advantage plans.

SummaCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy (except in non-routine circumstances) and other plan rules are followed.

SummaCare covers both brand-name drugs and generic drugs. Generic drugs have the same active-ingredient formula as brand-name drugs. Generic drugs usually cost less than brand-name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand-name drugs.

The formulary and pharmacy network may change at any time. You will receive notice when necessary.

### Check to See if Your Drug is Covered

Refer to the 2025 Formulary, which lists covered drugs and their assigned tier. To view the 2025 Formulary, visit our website at [summacare.com/medicare](https://summacare.com/medicare) or call us to request one.

If you enroll in SummaCare and notice your drug is not included in the SummaCare Medicare Formulary, contact us to confirm your drug is not covered.

### Pharmacy Benefits and Travel

SummaCare will cover your prescriptions at in-network pharmacies under the applicable copayment amount while you travel throughout the United States. Our pharmacy network includes most national chains, plus many local, independent pharmacies. If traveling, your out-of-pocket costs may be higher if you fill a prescription at an out-of-network pharmacy.

To search for a network pharmacy, visit our website at [summacare.com/medicare](https://summacare.com/medicare) or, call us and we will send you a copy of our Provider Directory. In general, you must use in-network pharmacies to access your prescription drug benefit, except in non-routine circumstances. Quantity limitations and restrictions may apply.

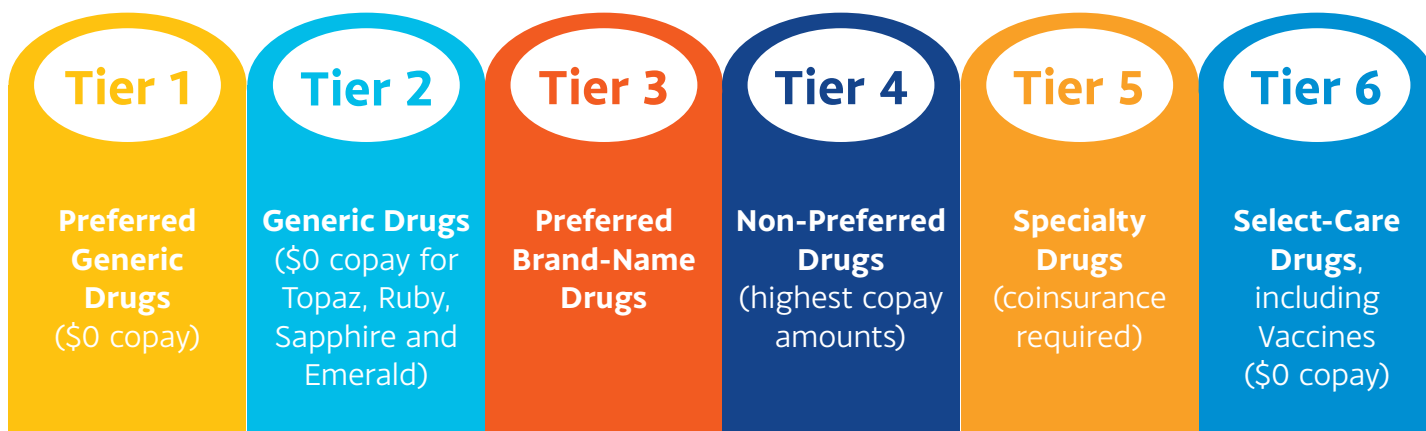
\*Part D Prescription Drug coverage is not included with the Amber (HMO) plan.



## Part D Prescription Drug Coverage

### SummaCare Medicare Advantage Drug Tiers

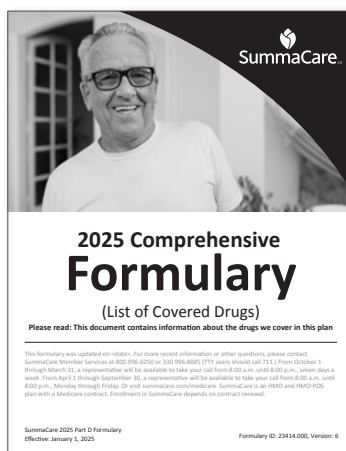
SummaCare organizes our covered drugs into six tiers:



### Common Tier 1 and Tier 6 Medications covered at a \$0 copay

| Drug Name            | Your Cost |
|----------------------|-----------|
| Amlodipine           | \$0       |
| Atorvastatin         | \$0       |
| Candesartan          | \$0       |
| Furosemide Tablet    | \$0       |
| Hydrochlorothiazide  | \$0       |
| Levothyroxine        | \$0       |
| Lisinopril           | \$0       |
| Losartan             | \$0       |
| Metformin HCL Tablet | \$0       |
| Paroxetine Tablet    | \$0       |
| Shingrix (Shingles)  | \$0       |
| Simvastatin          | \$0       |
| Tamsulosin           | \$0       |
| Valsartan            | \$0       |

Tier 1 and Tier 6 drugs are covered at a \$0 copay. Tier 6 drugs include Part D vaccines including the shingles vaccine as well as condition management drugs for diabetes, high cholesterol and high blood pressure. The chart to the left lists examples of drugs in these tiers. For a complete listing of covered drugs, please refer to the SummaCare Medicare Formulary at [summacare.com/medicare](https://summacare.com/medicare).



## Common Generic Over-the-Counter (OTC) Drugs Covered at a \$0 Copay

OTC drugs are non-prescription drugs that are not normally covered by a Medicare prescription drug plan. SummaCare covers certain generic OTC drugs at a \$0 copay, if prescribed by a provider.

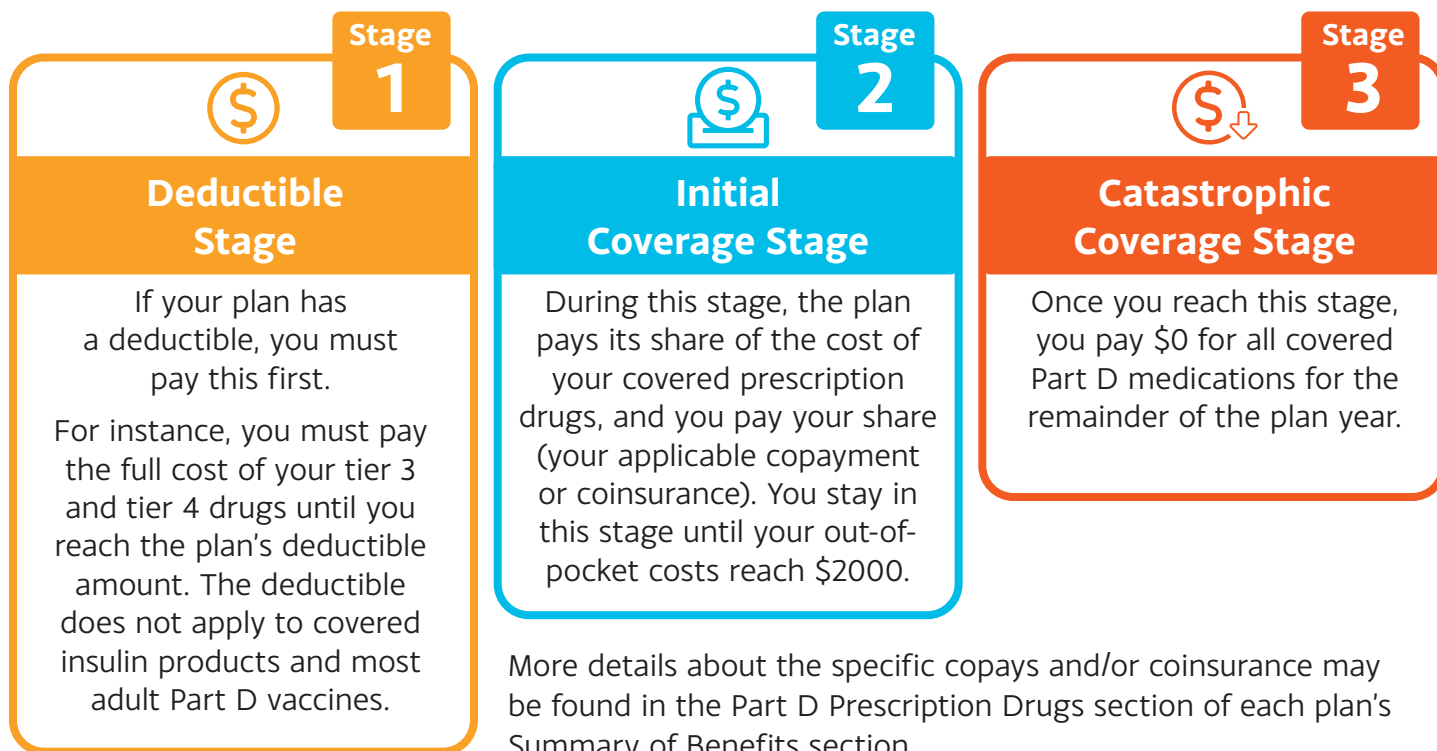
| Generic Drug Name  | Reference Brand Drug Name | Dosage Form   |
|--|---------------------------|---|
| Cetirizine Hydrochloride                                   | (Zyrtec)                  | Chewable Tablet, Solution, Tablets                        |
| Cetirizine Pseudoephedrine Hydrochloride                   | (Zyrtec-D)                | 12-Hour Tablet  |
| Fexofenadine Hydrochloride                                 | (Allegra)                 | 12-Hour Tablet, 24-Hour Tablet, Tablet Rapids, Suspension |
| Fexofenadine Hydrochloride / Pseudoephedrine Hydrochloride | (Allegra-D)               | 12-Hour Tablet, 24-Hour Tablet                            |
| Ketotifen Fumarate   | (Zaditor)                 | Eye Drops   |
| Levocetirizine Dihydrochloride                             | (Xyzal)                   | Tablet  |
| Loratadine   | (Claritin)                | Solution, Tablet, Tablet Rapids, Chewable Tablet          |
| Loratadine / Pseudoephedrine Sulfate                       | (Claritin-D)              | 12-Hour Tablet, 24-Hour Tablet                            |
| Olopatadine Hydrochloride                                  | (Pataday)                 | Eye Drops   |
| Nicotine   | (Nicotine Patch)          | Patch   |
| Nicotine Polacrilex  | (Nicorette)               | Gum   |
| Nicotine Polacrilex  | (Nicotine Lozenge)        | Lozenge   |

The cost to SummaCare of these OTC drugs will not count towards your total Part D drug costs.

## Part D Prescription Drug Coverage

### Coverage Stages

In prior years, there were four different coverage stages that dictated how much a member would pay for Part D prescriptions. In 2025, this process has been simplified to three stages: a Deductible Stage (if applicable), an Initial Coverage Stage (which has a limit of \$2,000) and a Catastrophic Stage (in this stage a member pays \$0 for covered Part D medications). This journey is detailed in the image below.



### Medicare Prescription Payment Plan (MPPP)

Also new for the 2025 plan year, is the Medicare Prescription Payment Plan (MPPP). Opting into this new program affords members the opportunity to spread their Part D prescription drug costs (up to their Annual Out-of-Pocket Threshold of \$2,000) throughout the remainder of the plan year based on when a member opts in.

For example, if access to an expensive drug is required at the beginning of the plan year, this program will spread payments out at \$166.67/per month rather than burdening the member by facing the total \$2,000 expense all at once in the beginning of a plan year.

It is important to note, each member who opts in to this program may have different payments. How is that possible? Each prescription and its associated costs can alter a member's MPPP payments. Since each member may need different medications—it's possible that no two members' monthly payments will be identical.

To opt into the MPPP, you can visit [summacare.com/MPPP](https://summacare.com/MPPP).

## An Example of How the MPPP's Monthly Payments are Calculated

If you take several drugs that have a total out-of-pocket cost of \$80 each month. In January 2025, you join the Medicare Prescription Payment Plan through your Medicare drug plan or Medicare health plan with drug coverage.

We calculate your first month's bill in the Medicare Prescription Payment Plan differently than your bill for the rest of the months in the year:

### First, we figure out your "maximum possible payment" for the first month:

$$\begin{array}{r} \$2,000 \text{ [annual out-of-pocket maximum]} \\ - \$0 \text{ [no out-of-pocket costs before using this payment option]} \\ \hline = \$2,000 \\ \hline 12 \text{ [remaining months in the year]} \end{array}$$

**= \$166.67**  
[your "maximum possible payment" for the first month]

### Then, we figure out what you'll pay for January:

- Compare your total out-of-pocket costs for January (\$80) to the "maximum possible payment" we just calculated: \$166.67.
- Your plan will bill you the lesser of the two amounts. So, you'll pay \$80 for the month of January.
- You have a remaining balance of \$0.

### For February and the rest of the months left in the year, we calculate your payment differently:

$$\begin{array}{r} \$0 \text{ [remaining balance]} + \$80 \text{ [new costs]} = \$80 \\ \hline 11 \text{ [remaining months in the year]} \end{array}$$

**= \$7.27**  
[your payment for February]

### We'll calculate your March payment like we did for February:

$$\begin{array}{r} \$72.73 \text{ [remaining balance]} + \$80 \text{ [new costs]} = \$152.73 \\ \hline 10 \text{ [remaining months in the year]} \end{array}$$

**= \$15.27**  
[your payment for March]

### Even though your payment varies each month, by the end of the year, you'll never pay more than:

- ✓ The total amount you would have paid out-of-pocket.
- ✓ The total annual out-of-pocket maximum (\$2,000 in 2025).
- ✓ Remember, this is just your monthly payment for your out-of-pocket drug costs. You still need to pay your health or drug plan's premium (if you have one) each month.

## Part D Prescription Drug Coverage

### Frequently Asked Questions

#### Does SummaCare offer a mail-order pharmacy?

SummaCare partners with Birdi, a mail order pharmacy, allowing your routine prescription drugs to be delivered to your home. This program is designed to ensure satisfaction and provide the convenience of home delivery.

#### How can I reduce my prescription drug costs?

- **Use generic medications.** Talk with your provider about the medications you are currently taking to find out if there are generic or less-expensive, brand-name drugs that would work just as well as the ones you're taking now.
- **For long-term maintenance drugs** (that you use for three months or more), save money by ordering a supply using our convenient mail-order pharmacy or from your local retail pharmacy if it participates in our Choice 90 program.
  - **Tier 1 and Tier 6** are available for a 100-day supply through mail-order or retail – at \$0!
  - **Tiers 2 – 4 drugs** are available for a 90-day supply through mail-order or retail.

To learn more about SummaCare's Choice 90 program, call us.

- **Check if you qualify for extra help.** People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, you can get assistance paying for your Part D monthly premium, annual Part D deductible, coinsurance and copayments. Learn more by calling your local Social Security office or **800.MEDICARE (800.633.4227)**, 24 hours a day, seven days a week. Persons with hearing impairments should call TTY **877.486.2048**.

#### Are vaccines covered?

Some vaccines are covered under Medicare Part B medical coverage, including:

- COVID-19
- Influenza (Flu)
- Pneumonia

Other vaccines are covered at no cost to you under Medicare Part D prescription drug coverage as long as the vaccine is reasonable and necessary to prevent illness. Some examples of Part-D covered vaccines include:

- Shingles
- Tetanus
- MMR

#### Does SummaCare offer a Medication Therapy Management (MTM) program?

If you're in a Medicare drug plan and you have complex health needs, you may qualify to participate in a Medication Therapy Management Program, or MTM. MTM is a clinical program that provides education and information about your medications. It is designed to ensure that covered Part D drugs prescribed to targeted members are appropriately used to optimize therapeutic outcomes through improved medication use and to reduce the risk of adverse events, including adverse-drug interactions. MTM is a service offered by SummaCare, through OutcomesMTM, at no additional cost to you! The MTM program is required by the Centers for Medicare and Medicaid Services (CMS).

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To find out if you qualify, visit [summacare.com/medicare](https://summacare.com/medicare) to view the 2025 MTM program information.

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# How to Enroll





## Medicare Enrollment Periods

### Annual Enrollment Period

The Annual Enrollment Period (AEP) occurs October 15 through December 7 each year. During this time, you have the option to make changes to your current plan or switch to a new plan.

### Special Enrollment Period

During the Special Enrollment Period (SEP), you can make changes to your coverage if certain events happen in your life. For instance:

- You moved outside the service area of your current plan
- You lost your other insurance coverage
- Your plan changed its contract with Medicare
- You are eligible for both Medicare and Medicaid
- You are receiving the Low-Income Subsidy

### Initial Enrollment Period

Your Initial Enrollment Period (IEP) occurs when you are newly eligible for Medicare beginning 3 months before your 65th birthday and ending 3 months after the month of your 65th birthday. During this time, you can sign up for a Medicare Advantage plan. This enrollment period is different for everyone and is dependent on your current situation.

### Open Enrollment Period

Running from January 1 through March 31 each year, enrollees may make one change to a different Medicare Advantage plan or return to Original Medicare. Part D can be elected at this time in the course of a plan change.

Call SummaCare today to discuss the many circumstances that might place you in your Initial Enrollment Period or a Special Enrollment Period.

### Who is eligible to enroll in a SummaCare plan?

You can enroll if you are entitled to Medicare Part A and are enrolled in Medicare Part B. You must also reside in a county located within our service area.

### SummaCare's 33-County Service Area

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

## Ways to Enroll



### Call Us

Enroll over the phone by calling your broker or personal SummaCare representative. If you are not already working with a representative, please call **330.996.8440** or (toll free) **888.464.8440** and we will do the paperwork for you. 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. 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. Outside these hours, you may leave us a message and a representative will return your call the next business day. Persons with hearing impairments may call **TTY 711**.



### Go Online

Enroll online by visiting **[summacare.com/medicare](https://summacare.com/medicare)** and compare plans to enroll.



### Mail Us Your Paperwork

Complete an enrollment form and mail to:

SummaCare Medicare Advantage  
P.O. Box 3620  
Akron OH 44309-3620



### Scan this QR Code

to enroll online



## Important Reminders

- Please have your red, white and blue Medicare card ready to reference.
- Please have your Primary Care Provider's name ready to reference.
- Select the plan in which you want to enroll.
- If you'd like to enroll in the optional supplemental Delta Dental of Ohio plan, please indicate this on the enrollment form. You will be charged a separate monthly premium for this optional benefit. You have 30 days from the date of your effective date to enroll in the supplemental Delta Dental of Ohio plan. Additional information about the supplemental Delta Dental of Ohio plan can be found in the Summary of Benefits.
- If your plan includes a monthly premium, decide how you would like to pay. More information is on the next page.
- Medicare beneficiaries may also enroll in SummaCare through the CMS Medicare Online Enrollment Center located at **[medicare.gov](https://www.medicare.gov)**.
- SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal.



## Easy Ways to Pay Your SummaCare Medicare Plan Premium

**SummaCare offers many convenient ways for you to pay your plan premium.**

### **1. Premium withhold from your Social Security check**

Your plan premium can be automatically deducted from your Social Security check each month – you don't even have to worry about getting a bill. Please be advised, it may take up to three months for this deduction to begin being withheld from your Social Security check.

### **2. Direct Debit/Credit**

Your plan premium can be automatically deducted from a checking or savings account or charged to a credit card each month. Again, you don't have to worry about getting a bill.

### **3. Online Bill Pay**

You can pay your bill through our secure, online member site, Plan Central.

### **4. Phone or Mail**

Pay your premium over the telephone through a SummaCare representative or mail us a check each month.

### **After you enroll**

After you've enrolled in a SummaCare Medicare Advantage plan, here's what you can expect:

1. SummaCare will send you a letter confirming that your application was received.
2. You will receive your SummaCare member ID card and Member Handbook in the mail.
3. You will receive outstanding service all year! Contact us anytime with your questions. Plus, be sure to look for special announcements in the mail regarding exclusive member events and important plan information from SummaCare. Do you sometimes forget to schedule regular check-ups? We'll send you reminders for preventive services and other recommended care for common conditions and preventive screenings.



**[summacare.com/medicare](https://summacare.com/medicare)**

SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. Other providers are available in our network. Some of the benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify for all benefits. Fitbit® is a registered trademark of Fitbit LLC and/or its affiliates in the United States and other countries. 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 including the cost-sharing that applies to out-of-network services. Actual SummaCare Medicare Advantage plan members shown. Members were not compensated for their appearance.





# Questions?

Let's talk.

To speak with a SummaCare Medicare Advisor,  
call **888.290.0610** (TTY **711**) or, visit **[summacare.com/medicare](https://summacare.com/medicare)**.

## Follow SummaCare on Social Media!



Facebook



Instagram



LinkedIn



YouTube



Pinterest

SummaCare is an HMO and HMO-POS plan with a Medicare contract.  
Enrollment in SummaCare depends on contract renewal.

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