



Elizabeth S.
MEMBER
SINCE 2023

SummaCare's Network Reaches YOU

Access to thousands of providers across Northeast Ohio



- AULTMAN
- Cleveland Clinic
- Lake Health
- MERCYHEALTH
- MetroHealth
- Southwest General
- Summa Health
- University Hospitals
- WESTERN RESERVE HOSPITAL
- Wooster Community Hospital
- UTOLEDO HEALTH
- Other Network Hospitals

Other providers are available in our network.

Dental coverage provided through Delta Dental.



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. 97% retention rate based on 2026 AEP voluntary disenrollment study completed by SummaCare. SummaCare Medicare Advantage plan members shown. Members were not compensated for their appearance. This information is not a complete description of benefits. Call 888.464.8440 (TTY 711) for more information. Benefits may vary based on plan selected and county availability. H3660_SC2715_M 08252026

Plan Availability by County



	AMBER (HMO)	QUARTZ (HMO)	TOPAZ (HMO)	RUBY (HMO)	SAPPHIRE (HMO-POS)	EMERALD (HMO-POS)
Allen	●			●	●	
Ashland	●	●	●	●	●	
Ashtabula	●	●	●	●	●	●
Auglaize	●				●	
Carroll	●	●	●	●	●	●
Columbiana	●	●	●	●	●	●
Cuyahoga	●	●	●	●	●	●
Defiance	●				●	
Erie		●	●			
Fulton	●	●	●	●	●	
Geauga	●	●	●	●	●	●
Hancock	●			●	●	
Henry	●				●	
Holmes	●	●	●	●	●	
Huron	●	●	●	●	●	
Lake	●	●	●	●	●	●
Lorain	●	●	●	●	●	●
Lucas	●	●	●	●	●	
Mahoning	●	●	●	●	●	●
Medina	●	●	●	●	●	●
Mercer	●				●	
Ottawa	●	●	●		●	
Portage	●	●	●	●	●	●
Putnam	●			●	●	
Sandusky		●	●			
Seneca	●	●	●	●	●	
Stark	●	●	●	●	●	●
Summit	●	●	●	●	●	●
Trumbull	●	●	●	●	●	●
Tuscarawas	●	●	●	●	●	●
Van Wert	●				●	
Wayne	●	●	●	●	●	●
Wood	●	●	●	●	●	



2027 Medicare Advantage Plans

Plan Comparison and Benefit Highlights

97%
of members
who join,
stay!

Discover the annual SummaCare Medicare Advantage benefits our members love

Scan to learn why members like Linda love their Medicare Advantage plan!



Linda I.
MEMBER
SINCE 2021

Benefits/Services	Amber (HMO)	Quartz (HMO)	Topaz (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)	My Current Plan
Core Medical Coverage							
Monthly Plan Premium / Medical Deductible	\$0 / None	\$0 / None	\$17 / None	\$55 / None	\$85 / None	\$159 / None	
Out-of-Pocket Maximum (in-network services only)	\$3,450	\$5,200	\$4,650	\$4,200	\$3,800	\$3,000	
Primary Care Provider / Specialist Office Visit	\$0 copay / \$30 copay	\$0 / \$35 copay	\$0 / \$35 copay	\$0 / \$35 copay	\$0 / \$35 copay	\$0 / \$0 copay	
Inpatient Hospital Stay	\$300 copay/day for days 1-5. \$0 copay after day 5	\$395 copay/day for days 1-6. \$0 copay after day 6	\$370 copay/day for days 1-6. \$0 copay after day 6	\$260 copay/day for days 1-6. \$0 copay after day 6	\$240 copay/day for days 1-6. \$0 copay after day 6	\$205 copay/day for days 1-5. \$0 copay after day 5	
Outpatient Hospital Facility / Ambulatory Surgical Center	\$250 / \$200	\$325 / \$270	\$340 / \$290	\$250 / \$200	\$210 / \$170	\$190 / \$150	
Outpatient Labs / X-ray	\$5 / \$50	\$0 – \$15 / \$75 – \$130	\$0 – \$10 / \$75 – \$130	\$0 – \$8 / \$0 – \$110	\$0 – \$6 / \$0 – \$99	\$0 / \$0 – \$75	
Emergency Care / Urgent Care*	\$140 copay / \$40 copay	\$130 / \$30 copay	\$130 / \$30 copay	\$120 / \$25 copay	\$120 / \$25 copay	\$120 / \$25 copay	
Prescription Drug (Part D) Coverage (30-day supply, Preferred / Standard Pharmacies)							
Tier 1: Preferred Generic Drugs	Part D coverage not included	\$0 / \$6 copay	\$0 / \$6 copay	\$0 / \$6 copay	\$0 / \$6 copay	\$0 / \$6 copay	
Tier 2: Generic Drugs	Part D coverage not included	\$0 / \$10 copay	\$0 / \$10 copay	\$0 / \$10 copay	\$0 / \$10 copay	\$0 / \$10 copay	
Tier 3: Preferred Brand Drugs	Part D coverage not included	23% / 25% of the cost	23% / 25% of the cost	23% / 25% of the cost	23% / 25% of the cost	23% / 25% of the cost	
Tier 4: Non-Preferred Drugs	Part D coverage not included	33% / 50% of the cost	33% / 50% of the cost	40% / 50% of the cost	40% / 50% of the cost	39% / 50% of the cost	
Tier 5: Specialty Drugs (Limited to 30-day supply)	Part D coverage not included	28% / 28% of the cost	29% / 29% of the cost	30% / 30% of the cost	31% / 31% of the cost	32% / 32% of the cost	
Tier 6 Select Care Drugs	Part D coverage not included	\$0 / \$6 copay	\$0 / \$6 copay	\$0 / \$6 copay	\$0 / \$6 copay	\$0 / \$6 copay	
Prescription Drug Deductible (Tiers 3, 4 and 5)	Part D coverage not included	\$410	\$365	\$200	\$100	\$50	
Key Supplemental Benefits – Dental Coverage through the Delta Dental®							
Dental Maximum per Year	\$2,000 Includes Delta Dental PPO Network	\$2,000 Includes Delta Dental PPO Network	\$3,000 Includes Delta Dental PPO Network	\$2,000 Includes Delta Dental PPO Network	\$2,000 Includes Delta Dental PPO Network	\$2,000 Includes Delta Dental PPO Network	
Preventive Dental Benefits (2 cleanings, 2 exams, 1 Fluoride & X-rays)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Comprehensive Dental Benefits (Fillings, Simple Extractions, Root Canals / Bridges, Crowns, Dentures)	\$0 copay / 50% of the cost	50% / 70% of the cost	\$0 copay / 20% of the cost	50% / 70% of the cost	50% / 70% of the cost	50% / 70% of the cost	
Prescription Eyewear Annual Allowance	\$300 allowance	\$100 allowance	\$200 allowance	\$250 allowance	\$275 allowance	\$310 allowance	
Hearing Aids (Levels 1, 2, 3, 4 and 5) Amplifon does have additional hearing-aid models available for purchase at a discounted rate.	Copay per select model hearing aid \$395 - Level 1 \$695 - Level 2 \$1,195 - Level 3 \$1,495 - Level 4 \$1,895 - Level 5	Copay per select model hearing aid \$395 - Level 1 \$695 - Level 2 \$1,195 - Level 3 \$1,495 - Level 4 \$1,895 - Level 5	Copay per select model hearing aid \$395 - Level 1 \$695 - Level 2 \$1,195 - Level 3 \$1,495 - Level 4 \$1,895 - Level 5	Copay per select model hearing aid \$395 - Level 1 \$695 - Level 2 \$1,195 - Level 3 \$1,495 - Level 4 \$1,895 - Level 5	Copay per select model hearing aid \$395 - Level 1 \$695 - Level 2 \$1,195 - Level 3 \$1,495 - Level 4 \$1,895 - Level 5	Copay per select model hearing aid \$395 - Level 1 \$695 - Level 2 \$1,195 - Level 3 \$1,495 - Level 4 \$1,895 - Level 5	
Over-the-Counter (OTC) items quarterly allowance	\$90 per quarter	\$25 per quarter	\$40 per quarter	\$30 per quarter	\$40 per quarter	\$55 per quarter	
Travel Coverage	AZ, FL & TX	AZ, FL, NC, SC & TX	AZ, FL, NC, SC & TX	AZ, FL, NC, SC & TX	AZ, FL & TX	AZ, FL & TX	
Additional Supplemental Benefits							
Papa Pals	90 hours	Not included	Not included	20 hours	20 hours	50 hours	
Transportation	\$0 copay for 50 one-way trips	\$0 copay for 6 one-way trips	Not included	\$0 copay for 6 one-way trips	\$0 copay for 10 one-way trips	\$0 copay for 12 one-way trips	
Home Safety Devices*	\$150 allowance	Not included	\$150 annual allowance	\$175 annual allowance	\$225 annual allowance	\$250 annual allowance (no diagnosis req.)	
No-cost Gym Memberships through SilverSneakers®	Included	Included	Included	Included	Included	Included	

*Up to \$25,000 per year for worldwide emergency and urgent care services. ♦Members who have had a diagnosis of any of the following: history of hip replacement, history of knee replacement, history of femur fractures or a diagnosis of falls within the past 12-months, as documented by a provider, are eligible for home and bathroom safety devices; Emerald members are exempt from this requirement. Not all plans are available in all counties. Refer to list of counties to determine availability and plan premiums for that county. For the Sapphire and Emerald plans, your out-of-pocket costs may be higher if you receive care from non network providers. Coverage for in-network services shown for Sapphire HMO-POS and Emerald HMO-POS. 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 cost-sharing that applies to out-of-network services.