



SummaCare®

Health Insurance

2026 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.



Jim & Diane M.
Uniontown Members Since 2014

2026 SummaCare Medicare Advantage Plans

Choose the plan that's right for you.

SummaCare now offers two Medicare Advantage Prescription Drug plans with \$0 monthly premiums, including the new Quartz (HMO) plan. These plans put you in control of choosing the coverage you need—without the extra costs you don't.

Topaz (HMO)	Quartz (HMO)	Garnet (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
\$0 Premium	\$0 Premium	\$35 Premium	\$50 Premium	\$83 Premium	\$157 Premium
Plan Highlights					
For the health conscious individual seeking key supplemental benefits.	For the budget-conscious individual who values lower out-of-pocket costs.	For those needing an affordable plan featuring enhanced supplemental benefits and expanded dental network.	For those seeking even lower out-of-pocket costs, with enhanced supplemental benefits.	For those seeking coverage for out-of-network services, low out-of-pocket costs, and enhanced supplemental benefits.	For those seeking out-of-network coverage, all the supplemental benefits SummaCare Medicare Advantage plans have to offer plus \$0 copay for PCP and specialist office visits.
Maximum out-of-pocket (MOOP)					
\$4,300	\$3,950	\$4,800	\$3,600	HMO/POS covers out-of-network hospitals & providers	
				\$3,650	\$2,800
Dental Max					
\$3,000	\$2,000	\$2,500	\$2,000	\$2,000	\$2,000
Over-the-Counter (OTC) Quarterly Allowance					
\$80	\$25	\$60	\$75	\$75	\$55

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!



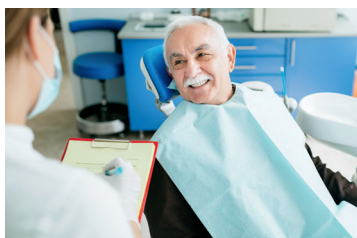
&more™

Benefit Bucks & SummaCare &more card

Every member will receive a SummaCare &more card with which to spend your various Benefit Bucks, including Over-the-Counter (OTC) Allowances and Preventive Care Rewards. How members earn/receive Benefit Bucks and corresponding amounts may vary based on current plan.

*Rewards are loaded automatically to your SummaCare &more card approximately 90 days after claims are paid.

&more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard Incorporated. Use of this card is subject to the terms and conditions of the Cardholder Agreement.



DELTA DENTAL

Enhanced Dental Coverage through the Delta Dental Network!

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.



See a Vision Provider of Your Choice

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.



Choose the Hearing Aid that's Best for You

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.

amplifon



ConnectAmerica®

PERS (Personal Emergency Response System)

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).

This benefit is not available on the below plans:

AMBER
(HMO)

TOPAZ
(HMO)

QUARTZ
(HMO)

GARNET
(HMO)

RUBY
(HMO)

SAPPHIRE
(HMO-POS)



Over-the-Counter (OTC) Items

Use your SummaCare &more card to spend your Benefit Bucks on non-prescription OTC health-related items. Your OTC quarterly allowance can be used to obtain health-related items over the phone, online or in person at more than 70,000+ participating retailers nationwide.

&more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard Incorporated. Use of this card is subject to the terms and conditions of the Cardholder Agreement.



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 below plans:

TOPAZ
(HMO)

QUARTZ
(HMO)

GARNET
(HMO)



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 your provider'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.

This benefit is not available on the below plans:

TOPAZ
(HMO)

QUARTZ
(HMO)



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. Garnet (HMO), Ruby (HMO), Quartz (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 (Part D prescription coverage not included on Amber (HMO) plan) 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.



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 if you are diabetic with an A1C over 8, you can receive home-delivered, nutritious meals to help you focus on rest and recovery.

This benefit is not available on the below plans:

TOPAZ
(HMO)

QUARTZ
(HMO)

GARNET
(HMO)



Prescription Coverage

Six of our seven Medicare Advantage plans include Part D Prescription Drug Coverage (Part D prescription coverage is not available on Amber (HMO) plan). This includes \$0 copays for Tier 1, Tier 2 and Tier 6 drugs when using your plan's Preferred Pharmacies! Plus, in-network pharmacies include many large national chains as well as many local pharmacy options.

This benefit is not available on the Amber (HMO) plan

AMBER
(HMO)



SilverSneakers®

All SummaCare Medicare Advantage plans include a SilverSneakers® membership at no added cost. SilverSneakers is more than a traditional fitness program. It's a way to improve your health and live the life you want. Whether you enjoy group fitness classes, sports, using strength and cardio equipment or prefer staying active at home, SilverSneakers gives you the opportunity to improve your health, gain confidence and connect with your community.



Teladoc
HEALTH

Telehealth Services

You're covered for Teladoc and/or 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.



 **HOMELINK**

Acupuncture Services

If you have chronic low back pain, you're covered on all plans. Supplemental acupuncture services vary by plan and are combined with therapeutic massage. Visits must be scheduled through HOMELINK.

Supplemental acupuncture services are not available on the below plans:

TOPAZ
(HMO)

QUARTZ
(HMO)

RUBY
(HMO)

SAPPHIRE
(HMO-POS)



 **HOMELINK**

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 Ascensia Contour products through any in-network pharmacy. Only Abbott products are available through HOMELINK.



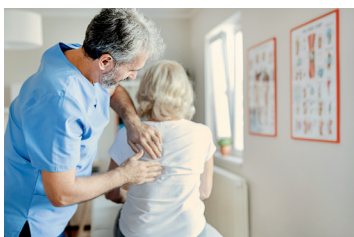
 **HOMELINK**

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) members do not need a qualifying diagnosis to use this benefit.

This benefit is not available on the Quartz (HMO) plan

QUARTZ
(HMO)



 **HOMELINK**

Therapeutic Massage Services

You're covered for therapeutic massage services performed by in-network providers. These services require a provider's order. Visit limit is combined with supplemental acupuncture.

This benefit is not available on the below plans:

TOPAZ
(HMO)

QUARTZ
(HMO)

RUBY
(HMO)

SAPPHIRE
(HMO-POS)



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, wheelchair or electric wheelchair transport at least 72 hours in advance; ambulatory sedan trips should be scheduled 48 hours in advance.

This benefit is not available on the Topaz (HMO) plan

TOPAZ
(HMO)

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



Cathy J.
Copley Member Since 2021

Save Big with Benefit Bucks on Your SummaCare &more Card!

Use your OTC allowance and preventive care rewards to build a Benefit Bucks balance on your SummaCare &more card. Then stock up and save on everyday health essentials—and more—when you shop!



① Over-the-Counter (OTC) Allowance Benefit Bucks

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

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

Your OTC allowance can be used to purchase health-related items at participating retailers. Members may also order OTC items for home delivery by:

- Visiting **summacare.com/overthecounter**
- Using the andmore mobile app
- Calling **855.263.6673** (TTY **711**) and placing your order over the phone

&more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard Incorporated. Use of this card is subject to the terms and conditions of the Cardholder Agreement.

2 Preventive Care Rewards Benefit Bucks

All SummaCare Medicare Advantage members are also eligible to receive rewards on your SummaCare &more card when you receive key preventive care services, including:

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

Use your Benefit Bucks at participating retailers for everything in store (like OTC, food, household supplies, personal care products, clothes, fitness items, floral) excluding alcohol, tobacco, firearms, fuel, lottery or gift cards. Members can order online, by phone and through the andmore mobile app from our catalog.



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 non-emergent health concerns.



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 therapy.



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.



Matt A.
Cleveland Member Since 2025



summacare.com/medicare

Far-reaching network.
Neighborhoodly service










Provider Network

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

Access to thousands of providers across northern Ohio!



Other providers are available in our network.

-  **AULTMAN**
-  **Cleveland Clinic**
-  **Lake Health**
-  **MERCYHEALTH**
-  **MetroHealth**
-  **Southwest General**
Partnership with University Hospitals
-  **Summa Health**
-  **University Hospitals**
-  **WESTERN RESERVE HOSPITAL**
Proudly Physician-Owned
-  **Wooster Community Hospital**
HEALTH SYSTEM
-  **UTOLEDO HEALTH**
-  **Other Network Hospitals**

Dental coverage provided through Delta Dental.

 **DELTA DENTAL**

Provider Network - 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

Holmes

- Pomerene 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
- MetroHealth
 - Medina Health Center (Reagan Parkway)
 - Brunswick Health Center

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 including providers in the Delta Dental network.
- Call us at **888.464.8440 (TTY 711)** and we'll help you find a provider.
- If you would 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 are 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 Arizona, Florida and Texas at the in-network level. Garnet (HMO), Quartz (HMO), Topaz (HMO) and Ruby (HMO) also have benefits that allow for coverage while in North or 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 your plan's 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. Our Preferred Pharmacy network includes most major pharmacy chains and many independent pharmacies. Walgreens is our only standard in-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.



Summary of Benefits

Topaz (HMO), Quartz (HMO)

Plan Year January 1, 2026, through December 31, 2026

SummaCare Medicare Advantage Topaz (HMO) (H3660_050)

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

SummaCare Medicare Advantage Quartz (HMO) (H3660_057)

The SummaCare Medicare Advantage Quartz (HMO) plan is available to residents of the following counties in Ohio: Ashland, Ashtabula, Carroll, Columbiana, Cuyahoga, Erie, Fulton, Geauga, Holmes, Huron, Lake, Lorain, Lucas, Mahoning, Medina, Ottawa, Portage, Sandusky, 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. H3660_SC1985_M_09252025

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Topaz (HMO)	SummaCare Medicare Advantage Quartz (HMO)
Monthly Plan Premium	You must continue to pay your Medicare Part B premium.	
	You pay \$0	You pay \$0
Medical Deductible	You pay nothing.	You pay nothing.
Maximum Out-of-Pocket Responsibility	<ul style="list-style-type: none"> Does not include prescription drugs. Includes copays and other costs for medical services throughout the year. Copays for hearing aids, dental services or costs members pay for vision hardware do not count towards the maximum out-of-pocket. 	
	\$4,300	\$3,950
Inpatient Hospital Coverage	Our plan pays for an unlimited number of days for an inpatient hospital stay.	
	\$375 copay per day for days 1 through 6. You pay nothing after day 6.	\$325 copay per day for days 1 through 6. You pay nothing after day 6.
Outpatient Hospital Coverage	Outpatient hospital:	
	\$340 copay	\$310 copay
	Observation services:	
	\$340 copay	\$310 copay
Ambulatory Surgical Center	\$290 copay	\$270 copay
Provider Visits	You are not required to receive authorization before seeking care from any specialists.	
	Primary care provider visit:	
	\$0 copay	\$0 copay
	Specialist visit:	
	\$35 copay	\$30 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Topaz (HMO)	SummaCare Medicare Advantage Quartz (HMO)
Preventive Care (e.g., flu vaccines, diabetic screenings)	Our plans cover many preventive services, including: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual Wellness Visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screening • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screening and counseling • Screening for Hepatitis C Virus infection • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines (including flu, Hepatitis B, pneumococcal) • "Welcome to Medicare" preventive visit (one-time) 	
	You pay nothing.	You pay nothing.
Emergency Care	<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>	
	\$130 copay per visit	\$130 copay per visit
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>	
	\$30 copay per visit	\$30 copay per visit

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Topaz (HMO)	SummaCare Medicare Advantage Quartz (HMO)
Diagnostic Services/Labs/Imaging	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.	
	Diagnostic radiology service (e.g., MRI):	
	\$175 copay	\$175 copay
	Diagnostic tests and procedures:	
	\$0-\$125 copay, depending on the location	\$0-\$125 copay, depending on the location
	Lab services:	
Hearing Services	\$0-\$10 copay, depending on the location	\$0-\$10 copay, depending on the location
	Outpatient X-rays:	
	\$75-\$130 copay, depending on the location	\$75-\$130 copay, depending on the location
	Therapeutic radiology services (such as radiation treatment for cancer):	
	20% of the cost	20% of the cost
	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.)	
	Diagnostic hearing exam:	
	\$0-\$20 copay, depending on the location	\$0-\$20 copay, depending on the location
	Supplemental routine hearing exam:	
	\$0 copay	\$0 copay
	Hearing aids: Limit one per ear every year. If a member has a preference toward an alternate model, Amplifon does have additional hearing-aid models available for purchase at a discounted rate.	
	\$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 Advantage Topaz (HMO)	SummaCare Medicare Advantage Quartz (HMO)
Dental Services	Preventive dental covers two cleanings, two exams, one bitewing X-ray and one fluoride treatment per year. Preventive dental also includes full mouth or panoramic X-rays once every five years, periapical X-rays as needed and emergency treatment of dental pain as needed.	
	\$0 copay per visit	\$0 copay per visit
	Comprehensive Dental Services:	
	You pay \$0 for fillings, root canals and simple extractions.	You pay 50% coinsurance for fillings, root canals and simple extractions.
	You pay 20% coinsurance for bridges, crowns and dentures. For full details and exclusions, view your dental handbook at summacare.com/plandocuments .	You pay 70% coinsurance for bridges, crowns and dentures. For full details and exclusions, view your dental handbook at summacare.com/plandocuments .
	\$3,000 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 Advantage Topaz (HMO)	SummaCare Medicare Advantage Quartz (HMO)
Vision Service	<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 purchase from any vision provider you choose.</p>	
	Diagnostic eye exam:	
	\$0 copay	\$0 copay
	Supplemental routine eye exam:	
	\$0 copay	\$0 copay
	Annual prescription eyewear allowance:	
	\$200 allowance	\$150 allowance
Mental Health Services	Glasses or contact lenses after cataract surgery:	
	You pay nothing.	You pay nothing.
	Yearly glaucoma screening:	
	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>	
	Inpatient visit:	
	\$375 copay per day for days 1 through 5. You pay nothing after day 5.	\$325 copay per day for days 1 through 5. You pay nothing after day 5.
	Outpatient group therapy visit:	
	\$40	\$30 copay
	Outpatient individual therapy visit:	
	\$40 copay	\$30 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Topaz (HMO)	SummaCare Medicare Advantage Quartz (HMO)
Skilled Nursing Facility	Our plan covers up to 100 days in a Skilled Nursing Facility per benefit period. No prior hospital stay required.	
	You pay nothing per day for days 1 through 20. \$218 per day for days 21 through 100.	You pay nothing per day for days 1 through 20. \$218 per day for days 21 through 100.
Rehabilitation and Physical Therapy	Cardiac (heart) rehab services:	
	You pay nothing.	You pay nothing.
	Occupational therapy visit:	
	\$40 copay	\$30 copay
	Physical therapy and speech and language therapy visit:	
	\$40 copay	\$30 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.	
	Ground ambulance:	
	\$350 copay	\$320 copay
	Air ambulance:	
	\$350 copay	\$320 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.	
	Not covered	\$0 for six one way trips
Medicare Part B Drugs	For Part B-covered chemotherapy drugs and other Part B-covered drugs: Part B drugs may be subject to Step Therapy requirements. Insulin cost sharing is subject to a coinsurance cap of \$35 for one-month's supply of insulin.	
	Up to 20% of the cost	Up to 20% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Topaz (HMO)	SummaCare Medicare Advantage Quartz (HMO)
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Part D Prescription Drugs. The amount you pay depends on the drug's tier, what stage of the benefit you have reached, and pharmacy type or status (e.g., preferred/standard, mail-order, long-term care (LTC), and 30- or 90-day supply). Walgreens is SummaCare's only standard in-network pharmacy. All other in-network pharmacies are part of the preferred network, which typically offers lower costs.

Deductible	<p>If applicable, you must pay the full cost of your tier 3, tier 4, and tier 5 drugs until you reach the plan's deductible amount. The deductible does not apply to covered insulin products and most adult Part D vaccines.</p>	
	\$300	\$300
Initial Coverage Stage	<p>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 \$2,100. You may get your drugs at network retail pharmacies and mail-order pharmacies.</p>	
Tier 1 Preferred Generic Drugs	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay
	Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay	Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay
Tier 2 Generic Drugs	Retail 1-Month Supply Preferred: \$0 copay Standard: \$10 copay	Retail 1-Month Supply Preferred: \$0 copay Standard: \$10 copay
	Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$25 copay	Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$25 copay
Tier 3 Preferred Brand Name Drugs	Retail 1-Month Supply Preferred: 23% of the cost Standard: 25% of the cost	Retail 1-Month Supply Preferred: 23% of the cost Standard: 25% of the cost
	Retail/Mail-Order 3-Month Supply Preferred: 23% of the cost Standard: 25% of the cost	Retail/Mail-Order 3-Month Supply Preferred: 23% of the cost Standard: 25% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Topaz (HMO)	SummaCare Medicare Advantage Quartz (HMO)
Part D Prescription Drugs continued		
Tier 4 Non-Preferred Drugs	Retail 1-Month Supply Preferred: 40% of the cost Standard: 50% of the cost Retail/Mail-Order 3-Month Supply Preferred: 40% of the cost Standard: 50% of the cost	Retail 1-Month Supply Preferred: 40% of the cost Standard: 50% of the cost Retail/Mail-Order 3-Month Supply Preferred: 40% of the cost Standard: 50% of the cost
Tier 5 Specialty Drugs	Retail 1-Month Supply Preferred: 29% of the cost Standard: 29% of the cost Retail/Mail-Order 3-Month Supply A long-term supply is not available for drugs in Tier 5	Retail 1-Month Supply Preferred: 29% of the cost Standard: 29% of the cost Retail/Mail-Order 3-Month Supply A long-term supply is not available for drugs in Tier 5
Tier 6 Select Care Drugs	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay
Catastrophic Coverage Stage	After your out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach the \$2,100 limit for the calendar year, you will pay nothing for your covered Part D drugs.	
Insulin Cost Sharing	You will pay no more than \$35 for a one month supply of insulin covered under Part D.	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Topaz (HMO)	SummaCare Medicare Advantage Quartz (HMO)
Additional Benefits		
Acupuncture Services	General acupuncture: 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	Not covered
	For chronic lower back pain: Up to a maximum of 20 treatments per year for each Medicare-covered acupuncture treatment visit for chronic low back pain. Visits must be scheduled through HOMELINK.	
	\$20 copay	\$30 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
	For all other in-network telehealth specialist visits:	
	\$20 copay	\$20 copay
Visitor/Travel Coverage	SummaCare Medicare Advantage 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
Home Safety Devices	If you have had a diagnosis of any of the following: hip replacement, knee replacement, femur fractures or a diagnosis of falls within the past 12 months, as documented by a provider, you are eligible for home safety devices. Items must be purchased through HOMELINK. Otherwise you will be responsible for the full cost of those items and no payment will be made.	
	\$150 allowance per year	Not covered
Chiropractic Care (Medicare-covered)	\$15 copay	\$20 copay
Foot Care (Podiatry Services)	\$40 copay	\$30 copay
Home Health Care	You pay nothing.	You pay nothing.

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Topaz (HMO)	SummaCare Medicare Advantage Quartz (HMO)
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	Durable medical equipment (e.g., wheelchairs, oxygen):	
	30% of the cost.	30% of the cost.
	Prosthetic devices (e.g., braces, artificial limbs):	
	20% of the cost.	20% of the cost.
	Diabetes monitoring supplies manufactured by Abbott and/or Ascensia Contour:	
	You pay nothing.	You pay nothing.
	Diabetes self-management training:	
	You pay nothing.	You pay nothing.
	Therapeutic shoes or inserts:	
	20% of the cost.	20% of the cost.
Outpatient Substance Abuse	Group therapy visit:	
	\$40 copay	\$30 copay
	Individual therapy visit:	
	\$40 copay	\$30 copay
Opioid Treatment Program Services	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"> • FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable • Substance use counseling • Individual and group therapy • Intake activities • Periodic assessments • Toxicology testing 	
	\$0 copay	\$0 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Topaz (HMO)	SummaCare Medicare Advantage Quartz (HMO)
Partial Hospitalization	<p>"Partial hospitalization" is a structured program of active psychiatric treatment provided as a hospital outpatient service or by a community mental health center, that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p> <p>Intensive outpatient service is a structured program of active behavioral (mental) health therapy treatment provided in a hospital outpatient department, a community mental health center, a Federally qualified health center, or a rural health clinic that is more intense than the care received in your doctor's or therapist's office but less intense than partial hospitalization.</p>	
	\$45 copay	\$45 copay
Over-the-Counter Items	<p>Coverage includes non-prescription over-the-counter health-related items like vitamins, pain relievers, cough and cold medicines and first aid supplies. Refer to your 2026 OTC Product Catalog or visit summacare.com/overthecounter for a complete list of plan-approved OTC items. You may also conduct a product search by retail service at summacare.com/overthecounter. Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.</p>	
	\$80 allowance per quarter	\$25 allowance per quarter
Renal Dialysis	20% of the cost	20% of the cost
Health and Wellness Programs and Services	<ul style="list-style-type: none"> • SilverSneakers® Fitness Program: SilverSneakers can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations including live and on-demand classes for members to access at home. You have access to a nationwide network of participating locations where you can take classes and use exercise equipment and other amenities. Enroll in as many locations as you like, at any time. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. You also have access to instructors who lead specially designed group exercise classes in-person and online, seven days a week. Additionally, SilverSneakers Community gives you options to get active outside of traditional gyms at recreation centers, parks and other neighborhood locations. • 24-Hour Nurse Line • QuitCare • Health Manager Powered by WebMD® • Enhanced Condition and Care Management Programs 	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Topaz (HMO)	SummaCare Medicare Advantage Quartz (HMO)
Optional Supplemental Dental	<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"> • If you purchase this optional supplemental dental benefit, the plan will pay a total maximum benefit of \$3,000 (Topaz) or \$2,000 (Quartz) per benefit year. This includes your embedded and supplemental dental benefits. • Services must be received through Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network of providers. • Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network are NOT covered benefits. • There is no waiting period for coverage to begin. <p>The following benefits are in addition to the embedded benefits covered in your plan see page 29. For full details and exclusions, view your dental handbook at summacare.com/plandocuments.</p>	
	Inlays/Onlays:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Periodontal Maintenance:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Periodontal Non-Surgical Procedures:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Periodontal Surgical Procedures:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Denture Relines/Repairs:	
	You pay 50% coinsurance	You pay 50% coinsurance

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Topaz (HMO)	SummaCare Medicare Advantage Quartz (HMO)
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Optional Supplemental Dental continued

Optional Supplemental Dental	Bridge Repairs:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Surgical Extractions/Oral Surgery:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Brush Biopsy:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Occlusal Guards/Occlusal Adjustments:	
	You pay 50% coinsurance	You pay 50% coinsurance
	General Anesthesia or IV Sedation when medically necessary:	
	You pay 50% coinsurance	You pay 50% coinsurance

Things to Know About SummaCare Topaz (HMO) and Quartz (HMO)

What do we cover?

SummaCare Medicare Advantage plans cover many benefits not offered with Original Medicare. Six of our seven Medicare Advantage plans include Medicare Part D prescription drugs (Amber (HMO) does not include Part D prescription drug coverage). You can see the complete plan formulary (list of covered drugs) and any restrictions on our website by visiting 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) to locate what tier your drug is in to determine how much it will cost you. The amount you pay depends on the drug's tier, the pharmacy you use and what coverage stage you are in.

Which providers, hospitals and pharmacies can I use?

SummaCare Medicare Topaz (HMO) and Quartz (HMO) 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, 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 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 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 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**.

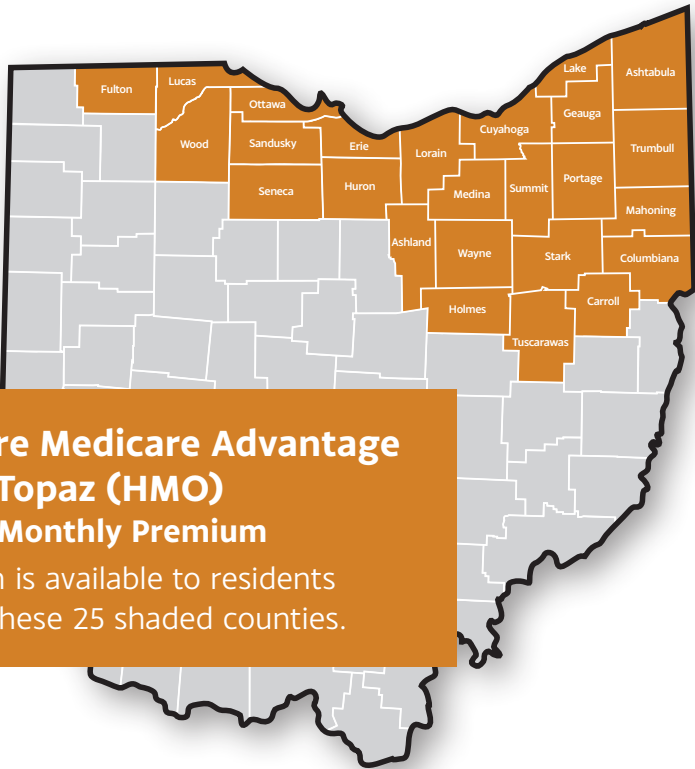
People with limited incomes may qualify for Extra Help to pay for their prescription drug costs and medical expenses. See if you qualify by calling:

- **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**.

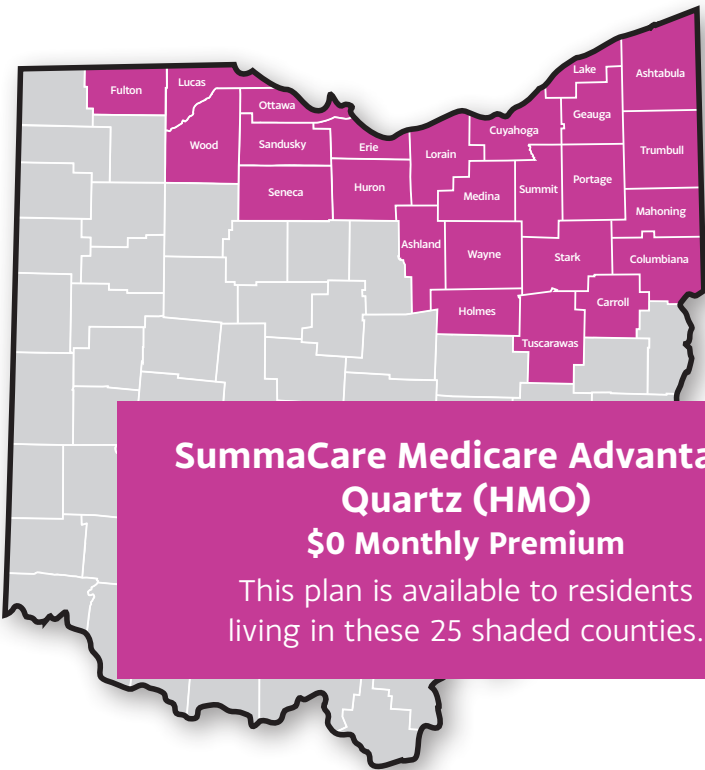
HMO Plans

With a SummaCare HMO plan, you utilize your 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 Advantage
Topaz (HMO)**
\$0 Monthly Premium
This plan is available to residents living in these 25 shaded counties.



**SummaCare Medicare Advantage
Quartz (HMO)**
\$0 Monthly Premium
This plan is available to residents living in these 25 shaded counties.



Summary of Benefits Garnet (HMO), Ruby (HMO)

Plan Year January 1, 2026, through December 31, 2026

SummaCare Medicare Advantage Garnet 1 (HMO) (H3660_053-1)

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

SummaCare Medicare Advantage Garnet 2 (HMO) (H3660_053-2)

The SummaCare Medicare Advantage 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 Advantage Ruby (HMO) (H3660_044)

The SummaCare Medicare Advantage 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. H3660_SC1986_M_09252025

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Garnet (HMO)	SummaCare Medicare Advantage Ruby (HMO)
Monthly Plan Premium	You must continue to pay your Medicare Part B premium.	
	You pay \$35.	You pay \$50.
Medical Deductible	You pay nothing.	You pay nothing.
Maximum Out-of-Pocket Responsibility	<ul style="list-style-type: none"> Does not include prescription drugs. Includes copays and other costs for medical services throughout the year. Copays for hearing aids, dental services or costs members pay for vision hardware do not count towards the maximum out-of-pocket. 	
	\$4,800	\$3,600
Inpatient Hospital Coverage	Our plan pays for an unlimited number of days for an inpatient hospital stay.	
	\$346 copay per day for days 1 through 6. You pay nothing after day 6.	\$260 copay per day for days 1 through 6. You pay nothing after day 6.
Outpatient Hospital Coverage	Outpatient hospital:	
	\$340 copay	\$250 copay
	Observation services:	
	\$340 copay	\$250 copay
Ambulatory Surgical Center	\$290 copay	\$200 copay
Provider Visits	You are not required to receive authorization before seeking care from any specialists.	
	Primary care provider visit:	
	\$0 copay	\$0 copay
	Specialist visit:	
	\$40 copay	\$35 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Garnet (HMO)	SummaCare Medicare Advantage Ruby (HMO)
Preventive Care (e.g., flu vaccines, diabetic screenings)	Our plans cover many preventive services, including:	
	<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual Wellness Visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screening • HIV screening 	<ul style="list-style-type: none"> • Medical nutrition therapy services • Obesity screening and counseling • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screening and counseling • Screening for Hepatitis C Virus infection • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines (including flu, Hepatitis B, pneumococcal) • "Welcome to Medicare" preventive visit (one-time)
	You pay nothing.	You pay nothing.
Emergency Care	If you are admitted to the hospital within 24 hours, you do not have to pay the copay. Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.	
	\$130 copay per visit	\$120 copay per visit
Urgently Needed Services	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	
	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.	
	\$30 copay per visit	\$25 copay per visit

Summary of Benefits

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

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Garnet (HMO)	SummaCare Medicare Advantage Ruby (HMO)
Hearing Services	You are covered for an annual routine hearing exam every year. Services for hearing aids must be received through SummaCare's in-network provider, Amplifon. You receive one year of follow-up care. Risk-free trial of 60 days. Two-year battery support (battery supply or charging station.)	
	Diagnostic hearing exam:	
	\$0-\$15 copay, depending on the location	\$0-\$15 copay, depending on the location
	Supplemental routine hearing exam:	
	\$0 copay	\$0 copay
	Hearing aids: Limit one per ear every year. If a member has a preference toward an alternate model, Amplifon does have additional hearing-aid models available for purchase at a discounted rate.	
	\$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 Advantage Garnet (HMO)	SummaCare Medicare Advantage Ruby (HMO)
Dental Services	Preventive dental covers two cleanings, two exams, one bitewing X-ray and one fluoride treatment per year. Preventive dental also includes full mouth or panoramic X-rays once every five years, periapical X-rays as needed and emergency treatment of dental pain as needed.	
	\$0 copay per visit	\$0 copay per visit
	Comprehensive Dental Services:	
	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 40% coinsurance for bridges, crowns and dentures. For full details and exclusions, view your dental handbook at summacare.com/plandocuments .	You pay 70% coinsurance for bridges, crowns, and dentures. For full details and exclusions, view your dental handbook at summacare.com/plandocuments .
	\$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 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 Advantage Garnet (HMO)	SummaCare Medicare Advantage Ruby (HMO)
Vision Service	<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 purchase from any vision provider you choose.</p>	
	Diagnostic eye exam:	
	\$0 copay	\$0 copay
	Supplemental routine eye exam:	
	\$0 copay	\$0 copay
	Annual prescription eyewear allowance:	
	\$235 allowance	\$250 allowance
	Glasses or contact lenses after cataract surgery:	
	You pay nothing.	You pay nothing.
	Yearly glaucoma screening:	
	You pay nothing.	You pay nothing.

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Garnet (HMO)	SummaCare Medicare Advantage Ruby (HMO)
Mental Health Services	There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day lifetime limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.	
	Inpatient visit:	
	\$346 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.
	Outpatient group therapy visit:	
	\$40 copay	\$35 copay
Skilled Nursing Facility	Outpatient individual therapy visit:	
	\$40 copay	\$35 copay
	Our plan covers up to 100 days in a Skilled Nursing Facility per benefit period. 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.
Rehabilitation and Physical Therapy	Cardiac (heart) rehab services:	
	You pay nothing.	You pay nothing.
	Occupational therapy visit:	
	\$40 copay	\$35 copay
	Physical therapy and speech and language therapy visit:	
	\$40 copay	\$35 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Garnet (HMO)	SummaCare Medicare Advantage 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. This includes emergency ambulance occurring immediately before a covered emergency visit.	
	Ground ambulance:	
	\$250 copay	\$200 copay
	Air ambulance:	
	\$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 four one-way trips per calendar year.	You pay nothing for six one-way trips per calendar year.
Medicare Part B Drugs	For Part B-covered chemotherapy drugs and other Part B-covered drugs: Part B drugs may be subject to Step Therapy requirements. Insulin cost sharing is subject to a coinsurance cap of \$35 for one-month's supply of insulin.	
	Up to 20% of the cost	Up to 20% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Garnet (HMO)	SummaCare Medicare Advantage Ruby (HMO)
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Part D Prescription Drugs. The amount you pay depends on the drug's tier, what stage of the benefit you have reached and pharmacy type or status (e.g., preferred/standard, mail-order, long-term care (LTC), and 30- or 90-day supply). Walgreens is SummaCare's only standard in-network pharmacy. All other in-network pharmacies are part of the preferred network, which typically offers lower costs.

Deductible	If applicable, you must pay the full cost of your Tier 3, Tier 4 and Tier 5 drugs until you reach the plan's deductible amount. The deductible does not apply to covered insulin products and most adult Part D vaccines.	
	\$250	\$150
Initial Coverage Stage	During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance listed below). You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,100. You may get your drugs at network retail pharmacies and mail-order pharmacies.	
Tier 1 Preferred Generic Drugs	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay
Tier 2 Generic Drugs	Retail 1-Month Supply Preferred: \$0 copay Standard: \$10 copay Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$25 copay	Retail 1-Month Supply Preferred: \$0 copay Standard: \$10 copay Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$25 copay
Tier 3 Preferred Brand Name Drugs	Retail 1-Month Supply Preferred: 21% of the cost Standard: 25% of the cost Retail/Mail-Order 3-Month Supply Preferred: 21% of the cost Standard: 25% of the cost	Retail 1-Month Supply Preferred: \$41 copay Standard: \$47 copay Retail/Mail-Order 3-Month Supply Preferred: \$102.50 copay Standard: \$117.50 copay

Summary of Benefits

Premiums and Benefits

SummaCare Medicare Advantage Garnet (HMO)

SummaCare Medicare Advantage Ruby (HMO)

Part D Prescription Drugs continued

Tier 4 Non-Preferred Drugs	Retail 1-Month Supply Preferred: 40% of the cost Standard: 50% of the cost Retail/Mail-Order 3-Month Supply Preferred: 40% of the cost Standard: 50% of the cost	Retail 1-Month Supply Preferred: 40% of the cost Standard: 50% of the cost Retail/Mail-Order 3-Month Supply Preferred: 40% of the cost Standard: 50% of the cost
Tier 5 Specialty Drugs	Retail 1-Month Supply Preferred: 30% of the cost Standard: 30% of the cost Retail/Mail-Order 3-Month Supply A long-term supply is not available for drugs in Tier 5	Retail 1-Month Supply Preferred: 31% of the cost Standard: 31% of the cost Retail/Mail-Order 3-Month Supply A long-term supply is not available for drugs in Tier 5
Tier 6 Select Care Drugs	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay
Catastrophic Coverage Stage	After your out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach the \$2,100 limit for the calendar year, you will pay nothing for your covered Part D drugs.	
Insulin Cost Sharing	You will pay no more than \$35 for a one month supply of insulin covered under Part D.	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Garnet (HMO)	SummaCare Medicare Advantage Ruby (HMO)
Additional Benefits		
Acupuncture Services	General acupuncture: 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	Not covered
	For chronic lower back pain: Up to a maximum of 20 treatments per year for each Medicare-covered acupuncture treatment visit for chronic low back pain. Visits must be scheduled through HOMELINK.	
	\$20 copay	\$35 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
	For all other in-network telehealth specialist visits:	
	\$20 copay	\$20 copay
Papa Pals	Hang Out and Help Out. Papa pairs older adults and families with Papa Pals for companionship and assistance with everyday tasks. Get help around the house, including light housework, a ride to the doctor's office 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 20 hours of assistance	Up to 40 hours of assistance
Visitor/Travel Coverage	SummaCare Medicare Advantage 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
Meal Delivery	Not covered	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 Advantage Garnet (HMO)	SummaCare Medicare Advantage Ruby (HMO)
Therapeutic Massage	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.	Not covered
Home Safety Devices	If you have had a diagnosis of any of the following: hip replacement, knee replacement, femur fractures or a diagnosis of falls within the past 12 months, as documented by a provider, you are eligible for home safety devices. Items must be purchased through HOMELINK. Otherwise you will be responsible for the full cost of those items and no payment will be made.	
	\$200 allowance	\$175 allowance
Chiropractic Care (Medicare-covered)	\$15 copay	\$20 copay
Foot Care (Podiatry Services)	\$40 copay	\$35 copay
Home Health Care	You pay nothing.	You pay nothing.
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.

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Garnet (HMO)	SummaCare Medicare Advantage Ruby (HMO)
Medical Equipment/Supplies	Durable medical equipment (e.g., wheelchairs, oxygen):	
	30% of the cost	20% of the cost
	Prosthetic devices (e.g., braces, artificial limbs):	
	20% of the cost	20% of the cost
	Diabetes monitoring supplies manufactured by Abbott and/or Ascensia Contour:	
	You pay nothing.	You pay nothing.
	Diabetes self-management training:	
	You pay nothing.	You pay nothing.
	Therapeutic shoes or inserts:	
	20% of the cost	20% of the cost
Outpatient Substance Abuse	Group therapy visit:	
	\$40 copay	\$35 copay
	Individual therapy visit:	
	\$40 copay	\$35 copay
Opioid Treatment Program Services	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"> • FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable • Substance use counseling • Individual and group therapy • Intake activities • Periodic assessments • Toxicology testing 	
	\$0 copay	\$0 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Garnet (HMO)	SummaCare Medicare Advantage Ruby (HMO)
Partial Hospitalization	<p>"Partial hospitalization" is a structured program of active psychiatric treatment provided as a hospital outpatient service or by a community mental health center, that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p> <p>Intensive outpatient service is a structured program of active behavioral (mental) health therapy treatment provided in a hospital outpatient department, a community mental health center, a Federally qualified health center, or a rural health clinic that is more intense than the care received in your doctor's or therapist's office but less intense than partial hospitalization.</p>	
	\$45 copay	\$40 copay
Over-the-Counter Items	<p>Coverage includes non-prescription over-the-counter health-related items like vitamins, pain relievers, cough and cold medicines and first aid supplies. Refer to your 2026 OTC Product Catalog or visit summacare.com/overthecounter for a complete list of plan-approved OTC items. You may also conduct a product search by retail service at summacare.com/overthecounter. Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.</p>	
	\$60 allowance per quarter	\$75 allowance per quarter
Renal Dialysis	20% of the cost	20% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Garnet (HMO)	SummaCare Medicare Advantage Ruby (HMO)
Health and Wellness Programs and Services	<ul style="list-style-type: none"> • SilverSneakers® Fitness Program: SilverSneakers can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations including live and on-demand classes for members to access at home. You have access to a nationwide network of participating locations where you can take classes and use exercise equipment and other amenities. Enroll in as many locations as you like, at any time. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. You also have access to instructors who lead specially designed group exercise classes in-person and online, seven days a week. Additionally, SilverSneakers Community gives you options to get active outside of traditional gyms at recreation centers, parks and other neighborhood locations. • 24-Hour Nurse Line • QuitCare • Health Manager Powered by WebMD® • Enhanced Condition and Care Management Programs • 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. BrainHQ is not covered on the Garnet plan. 	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Garnet (HMO)	SummaCare Medicare Advantage Ruby (HMO)
Optional Supplemental Dental	If you elect to enroll in this optional supplemental dental plan, you'll pay an additional \$37 per month in order to obtain the following additional benefits. You must keep paying your Medicare Part B premium and your SummaCare Medicare plan premium.	
	<ul style="list-style-type: none">• If you purchase this optional supplemental dental benefit, the plan will pay a total maximum benefit of \$2,500 (Garnet) and \$2,000 (Ruby) per benefit year. This includes your embedded and supplemental dental benefits.• Services must be received through Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network of providers.• Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network are NOT covered benefits.• There is no waiting period for coverage to begin.	
	The following benefits are in addition to the embedded benefits covered in your plan see page 48. For full details and exclusions, view your dental handbook at summacare.com/plandocuments .	
	Inlays/Onlays:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Periodontal Maintenance:	
	Covered under embedded benefit	You pay 50% coinsurance
Periodontal Non-Surgical Procedures:		
Covered under embedded benefit	You pay 50% coinsurance	
Periodontal Surgical Procedures:		
You pay 50% coinsurance	You pay 50% coinsurance	
Denture Relines/Repairs:		
Covered under embedded benefit	You pay 50% coinsurance	

Summary of Benefits

Premiums and Benefits

SummaCare Medicare Advantage Garnet (HMO)

SummaCare Medicare Advantage Ruby (HMO)

Optional Supplemental Dental continued

Optional Supplemental Dental

Bridge Repairs:

Covered under embedded benefit

You pay 50% coinsurance

Surgical Extractions/Oral Surgery:

You pay 50% coinsurance

You pay 50% coinsurance

Brush Biopsy:

You pay 50% coinsurance

You pay 50% coinsurance

Occlusal Guards/Occlusal Adjustments:

You pay 50% coinsurance

You pay 50% coinsurance

General Anesthesia or IV Sedation when medically necessary:

You pay 50% coinsurance

You pay 50% coinsurance

Things to Know About SummaCare Garnet (HMO) and Ruby (HMO)

What do we cover?

SummaCare Medicare Advantage plans cover many benefits not available on Original Medicare plans. Six of our seven Medicare Advantage plans include Medicare Part D prescription drugs (Amber (HMO) does not include Part D prescription drug coverage). You can see the complete plan formulary (list of covered drugs) and any restrictions on our website by visiting 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) 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, what pharmacy you use and what coverage stage you are in.

Which providers, hospitals and pharmacies can I use?

SummaCare's Medicare Advantage Garnet (HMO) and Ruby (HMO) 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, 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 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 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://www.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**.

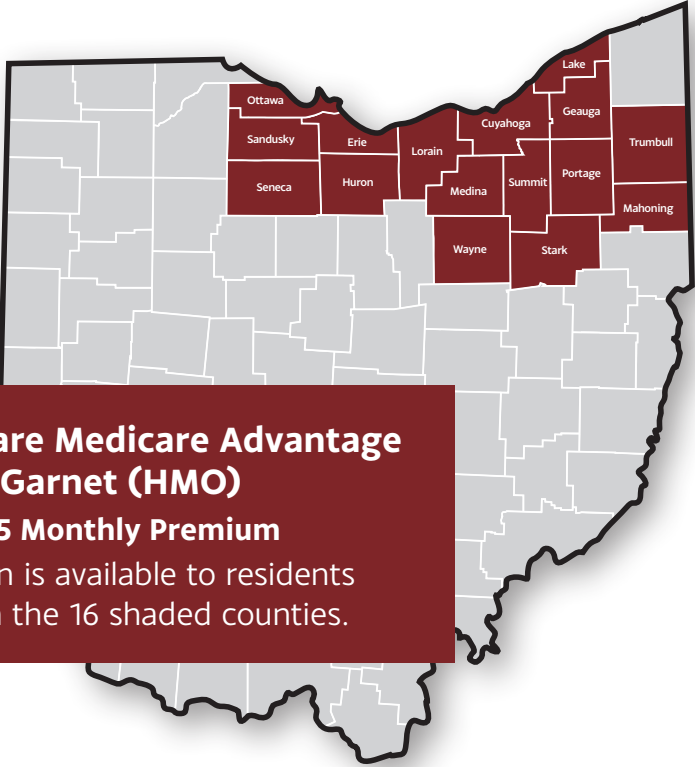
People with limited incomes may qualify for Extra Help to pay for their prescription drug costs and medical expenses. See if you qualify by calling:

- **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**.

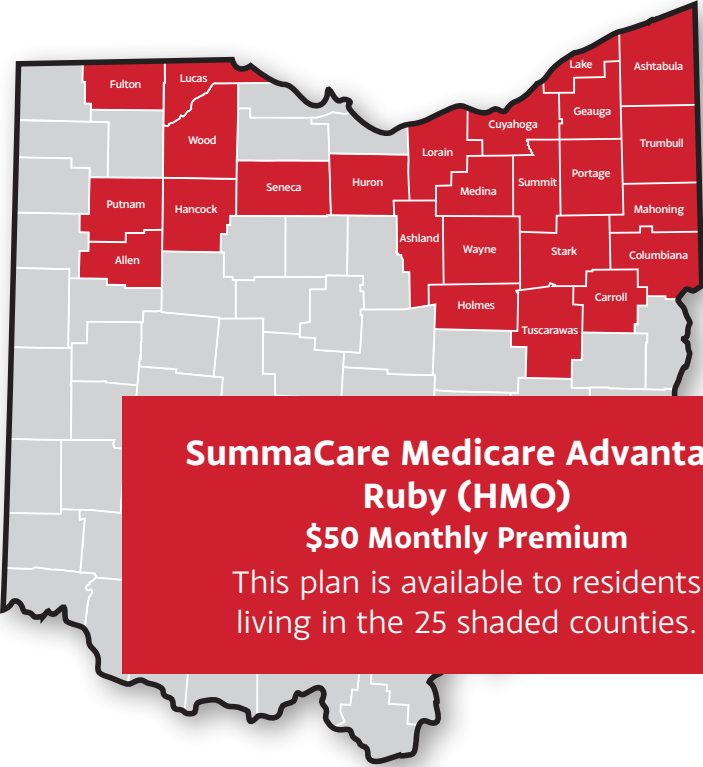
HMO Plans

With a SummaCare HMO plan, you utilize your 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 Advantage Garnet (HMO)
\$35 Monthly Premium
This plan is available to residents living in the 16 shaded counties.



SummaCare Medicare Advantage Ruby (HMO)
\$50 Monthly Premium
This plan is available to residents living in the 25 shaded counties.



Summary of Benefits

Sapphire (HMO-POS), Emerald (HMO-POS)

Plan Year January 1, 2026, through December 31, 2026

SummaCare Medicare Advantage Sapphire (HMO-POS) (H3660_029)

The SummaCare Medicare Advantage 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 Advantage Emerald (HMO-POS) (H3660_028)

The SummaCare Medicare Advantage 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. 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_SC1987_M 09252025

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Monthly Plan Premium	You must continue to pay your Medicare Part B premium.	
	You pay \$83	You pay \$157
Medical Deductible	\$0 copay	\$0 copay
Maximum Out-of-Pocket Responsibility	<ul style="list-style-type: none"> Does not include prescription drugs. Includes copays and other costs for medical services throughout the year. Copays for hearing aids, dental services or costs members pay for vision hardware do not count towards the maximum out-of-pocket. 	
	\$3,650	\$2,800
Inpatient Hospital Coverage	Our plan pays for an unlimited number of days for an inpatient hospital stay.	
	In-network: \$240 copay per day for days 1 through 6. You pay nothing after day 6. Out-of-network: 25% of the cost for days 1 through 90.	In-network: \$205 copay per day for days 1 through 5. You pay nothing after day 5. Out-of-network: 20% of the cost for days 1 through 90.
Outpatient Hospital Coverage	Outpatient hospital: In-network: \$210 copay Out-of-network: 20% of the cost	In-network: \$190 copay Out-of-network: 20% of the cost
	Observation services: In-network: \$210 copay Out-of-network: 20% of the cost	In-network: \$190 copay Out-of-network: 20% of the cost
Ambulatory Surgical Center	In-network: \$170 copay Out-of-network: 20% of the cost	In-network: \$150 copay Out-of-network: 20% of the cost
Provider Visits	You are not required to receive authorization before seeking care from any specialists.	
	Primary care provider visit: In-network: \$0 copay Out-of-network: \$20 copay	In-network: \$0 copay Out-of-network: \$20 copay
	Specialist visit: In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Preventive Care (e.g., flu vaccines, diabetic screenings)	Our plans cover many preventive services, including: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual Wellness Visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screening • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screening and counseling • Screening for Hepatitis C Virus infection • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines (including flu, Hepatitis B, pneumococcal) • "Welcome to Medicare" preventive visit (one-time) 	
	In-network: You pay nothing. Out-of-network: \$20 copay	In-network: You pay nothing. Out-of-network: \$20 copay
Emergency Care	If you are admitted to the hospital within 24 hours, you do not have to pay the copay. Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.	
	In-network: \$120 copay per visit Out-of-network: \$120 copay per visit	In-network: \$120 copay per visit Out-of-network: \$120 copay per visit

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage 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>In-network: \$25 copay per visit</p> <p>Out-of-network: \$25 copay per visit</p>	<p>In-network: \$25 copay per visit</p> <p>Out-of-network: \$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>	
	Diagnostic radiology service (e.g., MRI):	
	<p>In-network: \$150 copay</p> <p>Out-of-network: 30% of the cost</p>	<p>In-network: \$100 copay</p> <p>Out-of-network: 30% of the cost</p>
	Diagnostic tests and procedures:	
	<p>In-network: \$0-\$99 copay, depending on the location</p> <p>Out-of-network: 30% of the cost</p>	<p>In-network: \$0-\$75 copay, depending on the location</p> <p>Out-of-network: 30% of the cost</p>
	Lab services:	
	<p>In-network: \$0-\$6 copay, depending on the location</p> <p>Out-of-network: 30% of the cost</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 30% of the cost</p>
	Outpatient X-rays:	
	<p>In-network: \$0-\$99 copay, depending on the location</p> <p>Out-of-network: 30% of the cost</p>	<p>In-network: \$0-\$75 copay, depending on the location</p> <p>Out-of-network: 30% of the cost</p>
	Therapeutic radiology services (such as radiation treatment for cancer):	
	<p>In-network: 20% of the cost</p> <p>Out-of-network: 30% of the cost</p>	<p>In-network: 20% of the cost</p> <p>Out-of-network: 30% of the cost</p>

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Hearing Services	You are covered for an annual routine hearing exam every year. Services for hearing aids must be received through SummaCare's in-network provider, Amplifon. You receive one year of follow-up care. Risk-free trial of 60 days. Two-year battery support (battery supply or charging station.) There is no copay for a hearing aid fitting/evaluation.	
	Diagnostic hearing exam: In-network: \$0-\$15 copay, depending on the location Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
	Supplemental routine hearing exam: In-network: \$0 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
	Hearing aids: Limit one per ear every year. If a member has a preference toward an alternate model, Amplifon does have additional hearing-aid models available for purchase at a discounted rate.	
	In-network: \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids Out-of-network: Not covered	In-network: \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids Out-of-network: Not covered
Dental Services	Preventive dental covers two cleanings, two exams, one bitewing X-ray and one fluoride treatment per year. Preventive dental also includes full mouth or panoramic X-rays once every five years, periapical X-rays as needed and emergency treatment of dental pain as needed.	
	In-network: \$0 copay per visit Out-of-network: Not covered	In-network: \$0 copay per visit Out-of-network: Not covered
	Comprehensive Dental Services (not covered out-of-network): You pay 50% coinsurance for fillings, root canals and simple extractions. For full details and exclusions, view your dental handbook at summacare.com/plandocuments .	
	You pay 70% coinsurance for bridges, crowns, crown repair and dentures.	
	\$2,000 calendar year maximum for preventive and comprehensive dental services.	
	Must use Delta Dental of Ohio Medicare Advantage PPO network.	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage 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 purchase from any vision provider you choose.</p>	
	Diagnostic eye exam:	
	In-network: \$0 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
	Supplemental routine eye exam:	
	In-network: \$0 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
	Annual prescription eyewear allowance:	
	\$305 allowance	\$300 allowance
	Glasses or contact lenses after cataract surgery:	
	In-network: You pay nothing. Out-of-network: 30% of the cost	In-network: You pay nothing. Out-of-network: 30% of the cost
	Yearly glaucoma screening:	
	In-network: You pay nothing. Out-of-network: \$20 copay	In-network: You pay nothing. Out-of-network: \$20 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Mental Health Services	There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day lifetime limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.	
	Inpatient visit:	
	In-network: \$240 copay per day for days 1 through 5. You pay nothing after day 5. Out-of-network: 25% of the cost for days 1 through 90.	In-network: \$205 copay per day for days 1 through 4. You pay nothing after day 4. Out-of-network: 20% of the cost for days 1 through 90.
	Outpatient group therapy visit:	
	In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
Skilled Nursing Facility	Outpatient individual therapy visit:	
	In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
	Our plan covers up to 100 days in a Skilled Nursing Facility per benefit period. No prior hospital stay required.	
	In-network: \$0 copay per day for days 1 through 20. \$195 copay per day for days 21 through 100. Out-of-network: \$195 copay per day for days 1 through 100.	In-network: \$0 copay per day for days 1 through 20. \$188 copay per day for days 21 through 100. Out-of-network: \$188 copay per day for days 1 through 100.

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Rehabilitation and Physical Therapy	Cardiac (heart) rehab services:	
	In-network: You pay nothing. Out-of-network: \$55 copay	In-network: You pay nothing. Out-of-network: \$40 copay
	Occupational therapy visit:	
	In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
	Physical therapy and speech and language therapy visit:	
	In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$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.	
	Ground ambulance:	
	In-network: \$200 copay Out-of-network: \$200 copay	In-network: \$200 copay Out-of-network: \$200 copay
	Air ambulance:	
	In-network: \$200 copay Out-of-network: \$200 copay	In-network: \$200 copay Out-of-network: \$200 copay
Transportation	Routine non-emergent medical transportation services are covered for in-network medical appointments or visits to providers within the plan service area. Trips must be scheduled through SummaCare's transportation vendor, HOMELINK.	
	In-network: \$0 copay for 10 one-way trips per calendar year. Out-of-network: Not covered	In-network: \$0 copay for 12 one-way trips per calendar year. Out-of-network: Not covered
Medicare Part B Drugs	For Part B-covered chemotherapy drugs and other Part B-covered drugs: Part B drugs may be subject to Step Therapy requirements. Insulin cost sharing is subject to a coinsurance cap of \$35 for one-month's supply of insulin.	
	In-network: Up to 20% of the cost Out-of-network: 30% of the cost	In-network: Up to 20% of the cost Out-of-network: 30% of the cost

Summary of Benefits

Premiums and Benefits

SummaCare Medicare Advantage Sapphire (HMO-POS)

SummaCare Medicare Advantage 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/standard, mail-order, long-term care (LTC), and 30- or 90-day supply). Walgreens is SummaCare's only standard in-network pharmacy. All other in-network pharmacies are part of the preferred network, which typically offers lower costs.

Deductible	<p>If applicable, you must pay the full cost of your tier 3, tier 4 and tier 5 drugs until you reach the plan's deductible amount. The deductible does not apply to covered insulin products and most adult Part D vaccines.</p>	
	\$50	There is no deductible
Initial Coverage Stage	<p>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 \$2,100. You may get your drugs at network retail pharmacies and mail-order pharmacies.</p>	
Tier 1 Preferred Generic Drugs	<p>Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay</p> <p>Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay</p>	<p>Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay</p> <p>Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay</p>
Tier 2 Generic Drugs	<p>Retail 1-Month Supply Preferred: \$0 copay Standard: \$10 copay</p> <p>Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$25 copay</p>	<p>Retail 1-Month Supply Preferred: \$0 copay Standard: \$10 copay</p> <p>Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$25 copay</p>
Tier 3 Preferred Brand Name Drugs	<p>Retail 1-Month Supply Preferred: \$41 copay Standard: \$47 copay</p> <p>Retail/Mail-Order 3-Month Supply Preferred: \$102.50 copay Standard: \$117.50 copay</p>	<p>Retail 1-Month Supply Preferred: \$41 copay Standard: \$47 copay</p> <p>Retail/Mail-Order 3-Month Supply Preferred: \$102.50 copay Standard: \$117.50 copay</p>

Summary of Benefits

Premiums and Benefits

SummaCare Medicare Advantage Sapphire (HMO-POS)

SummaCare Medicare Advantage Emerald (HMO-POS)

Part D Prescription Drugs continued

Tier 4 Non-Preferred Drugs	Retail 1-Month Supply Preferred: 40% of the cost Standard: 50% of the cost	Retail 1-Month Supply Preferred: 39% of the cost Standard: 50% of the cost
	Retail/Mail-Order 3-Month Supply Preferred: 40% of the cost Standard: 50% of the cost	Retail/Mail-Order 3-Month Supply Preferred: 39% of the cost Standard: 50% of the cost
Tier 5 Specialty Drugs	Retail 1-Month Supply Preferred: 32% of the cost Standard: 32% of the cost	Retail 1-Month Supply Preferred: 33% of the cost Standard: 33% of the cost
	Retail/Mail-Order 3-Month Supply A long-term supply is not available for drugs in Tier 5	Retail/Mail-Order 3-Month Supply A long-term supply is not available for drugs in Tier 5
Tier 6 Select Care Drugs	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay	Retail 1-Month Supply Preferred: \$0 copay Standard: \$6 copay
	Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay	Retail/Mail-Order 3-Month Supply Preferred: \$0 copay Standard: \$15 copay
Catastrophic Coverage Stage	After your out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach the \$2,100 limit for the calendar year, you will pay nothing for your covered Part D drugs.	
Insulin Cost Sharing	You will pay no more than \$35 for a one month supply of insulin covered under Part D.	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Additional Benefits		
Acupuncture Services	General acupuncture: 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	In-network: \$10 copay per visit for any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year. Out-of-network: Not covered
	For chronic lower back pain: Up to a maximum of 20 treatments per year for each Medicare-covered acupuncture treatment visit for chronic low back pain. Visits must be scheduled through HOMELINK.	
	In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$10 copay Out-of-network: \$40 copay
Telehealth Services	For each primary care, dermatological, behavioral health and substance abuse telehealth visit provided through Teladoc® or another in-network provider.	
	In-network: \$0 copay Out-of-network: Not covered	In-network: \$0 copay Out-of-network: Not covered
	For all other in-network telehealth specialist visits:	
	In-network: \$20 copay Out-of-network: Not covered	In-network: \$20 copay Out-of-network: Not covered
PERS (Personal Emergency Response System)	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 Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Papa Pals	Hang Out and Help Out. Papa pairs older adults and families with Papa Pals for companionship and assistance with everyday tasks. Get help around the house, including light housework, a ride to the doctor's office 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
Visitor/Travel Coverage	SummaCare Medicare Advantage members who are visiting the states of Arizona, Florida or Texas receive all plan-covered services through this Visitor/Travel coverage.	
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).	
Therapeutic Massage	Includes any combination of therapeutic massage and acupuncture service visits. This is limited to six visits per calendar year.	
	Not covered	In-network: \$10 copay per visit for any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year. Out-of-network: Not covered
Home Safety Devices	If you have had a diagnosis of any of the following: hip replacement, knee replacement, femur fractures or a diagnosis of falls within the past 12 months, as documented by a provider, you are eligible for home safety devices. Items must be purchased through HOMELINK. Otherwise you will be responsible for the full cost of those items and no payment will be made. Emerald members do not require a diagnosis to utilize this benefit.	
	In-network: \$225 allowance per year Out-of-network: Not covered	In-network: \$250 allowance per year Out-of-network: Not covered
Chiropractic Care (Medicare-covered)	In-network: \$20 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
Foot Care (Podiatry Services)	In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Home Health Care	In-network: \$0 copay Out-of-network: 20% of the cost	In-network: \$0 copay Out-of-network: 20% of the cost
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care.
Medical Equipment/Supplies	Durable medical equipment (e.g., wheelchairs, oxygen):	
	In-network: 20% of the cost Out-of-network: 30% of the cost	In-network: 20% of the cost Out-of-network: 30% of the cost
	Prosthetic devices (e.g., braces, artificial limbs):	
	In-network: 20% of the cost Out-of-network: 30% of the cost	In-network: 20% of the cost Out-of-network: 30% of the cost
	Diabetes monitoring supplies manufactured by Abbott and/or Ascensia Contour:	
	In-network: \$0 copay Out-of-network: 30% of the cost	In-network: \$0 copay Out-of-network: 30% of the cost
	Diabetes self-management training:	
	In-network: \$0 copay Out-of-network: \$20 copay	In-network: \$0 copay Out-of-network: \$20 copay
	Therapeutic shoes or inserts:	
	In-network: 20% of the cost Out-of-network: 30% of the cost	In-network: 20% of the cost Out-of-network: 30% of the cost
Outpatient Substance Abuse	Group therapy visit: In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
	Individual therapy visit: In-network: \$35 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Opioid Treatment Program Services	<p>Opioid use disorder treatment services are covered under Part B of Original Medicare. Members of our plan receive coverage for these services through our plan. Covered services include:</p> <ul style="list-style-type: none"> • FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable • Substance-use counseling • Individual and group therapy • Intake activities • Periodic assessments • Toxicology testing 	
	<p>In-network: \$0 copay</p> <p>Out-of-network: \$55 copay</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: \$40 copay</p>
Partial Hospitalization	<p>"Partial hospitalization" is a structured program of active psychiatric treatment provided as a hospital outpatient service or by a community mental health center, that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p> <p>Intensive outpatient service is a structured program of active behavioral (mental) health therapy treatment provided in a hospital outpatient department, a community mental health center, a Federally qualified health center, or a rural health clinic that is more intense than the care received in your doctor's or therapist's office but less intense than partial hospitalization.</p>	
	<p>In-network: \$40 copay</p> <p>Out-of-network: \$55 copay</p>	<p>In-network: \$20 copay</p> <p>Out-of-network: \$40 copay</p>
Over-the-Counter Items	<p>Coverage includes non-prescription over-the-counter health-related items like vitamins, pain relievers, cough and cold medicines and first aid supplies. Refer to your 2026 OTC Product Catalog or visit summacare.com/overthecounter for a complete list of plan-approved OTC items. You may also conduct a product search by retail service at summacare.com/overthecounter. Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.</p>	
	<p>In-network: \$75 allowance per quarter</p> <p>Out-of-network: Not covered</p>	<p>In-network: \$55 allowance per quarter</p> <p>Out-of-network: Not covered</p>
Renal Dialysis	<p>In-network: 20% of the cost</p> <p>Out-of-network: 20% of the cost</p>	<p>In-network: 20% of the cost</p> <p>Out-of-network: 20% of the cost</p>

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Health and Wellness Programs and Services	<ul style="list-style-type: none"> • Brain HQ: Members have access to BrainHQ™, an online, evidence-based program to strengthen your overall brain health. BrainHQ has dozens of exercises that have been scientifically proven to help people think faster, focus better and remember more. BrainHQ adjusts to meet the needs of your unique brain over time; providing the best exercises at the right pace your brain needs to be at its sharpest. • SilverSneakers® Fitness Program: SilverSneakers can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations including live and on-demand classes for members to access at home. You have access to a nationwide network of participating locations where you can take classes and use exercise equipment and other amenities. Enroll in as many locations as you like, at any time. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. You also have access to instructors who lead specially designed group exercise classes in-person and online, seven days a week. Additionally, SilverSneakers Community gives you options to get active outside of traditional gyms at recreation centers, parks and other neighborhood locations. • 24-Hour Nurse Line • QuitCare • Health Manager Powered by WebMD® • Enhanced Condition and Care Management Programs 	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
Optional Supplemental Dental	<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 Advantage plan premium.</p> <ul style="list-style-type: none"> • If you purchase this optional supplemental dental benefit, the plan will pay a total maximum benefit of \$2,000 per benefit year. This includes your embedded and supplemental dental benefits. • Services must be received through Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network of providers. • Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network are NOT covered benefits. • There is no waiting period for coverage to begin. <p>The following benefits are in addition to the embedded benefits covered in your plan see page 69. For full details and exclusions, view your dental handbook at summacare.com/plandocuments.</p>	
	Inlays/Onlays:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Periodontal Maintenance:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Periodontal Non-Surgical Procedures:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Periodontal Surgical Procedures:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Denture Relines/Repairs:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Bridge Repairs:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Surgical Extractions/Oral Surgery:	
	You pay 50% coinsurance	You pay 50% coinsurance

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Advantage Sapphire (HMO-POS)	SummaCare Medicare Advantage Emerald (HMO-POS)
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Optional Supplemental Dental Continued

Optional Supplemental Dental	Brush Biopsy:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Occlusal Guards/Occlusal Adjustments:	
	You pay 50% coinsurance	You pay 50% coinsurance
	General Anesthesia or IV Sedation when medically necessary:	
	You pay 50% coinsurance	You pay 50% coinsurance
	The following benefits are lower cost share to the embedded benefits covered in your plan see page 69.	
	Bridges:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Crowns & Crown Repairs:	
	You pay 50% coinsurance	You pay 50% coinsurance
	Dentures:	
	You pay 50% coinsurance	You pay 50% coinsurance

Things to Know About SummaCare Sapphire (HMO-POS) and Emerald (HMO-POS)

What do we cover?

Six of our seven Medicare Advantage plans include Medicare Part D prescription drugs (Amber (HMO) does not include Part D prescription drug coverage). You can see the complete plan formulary (list of covered drugs) and any restrictions on our website by visiting 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) to locate what tier your drug is in to determine how much it will cost you. The amount you pay depends on the drugs' tier, the pharmacy you use and what coverage stage you are in.

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, 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 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 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 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**.

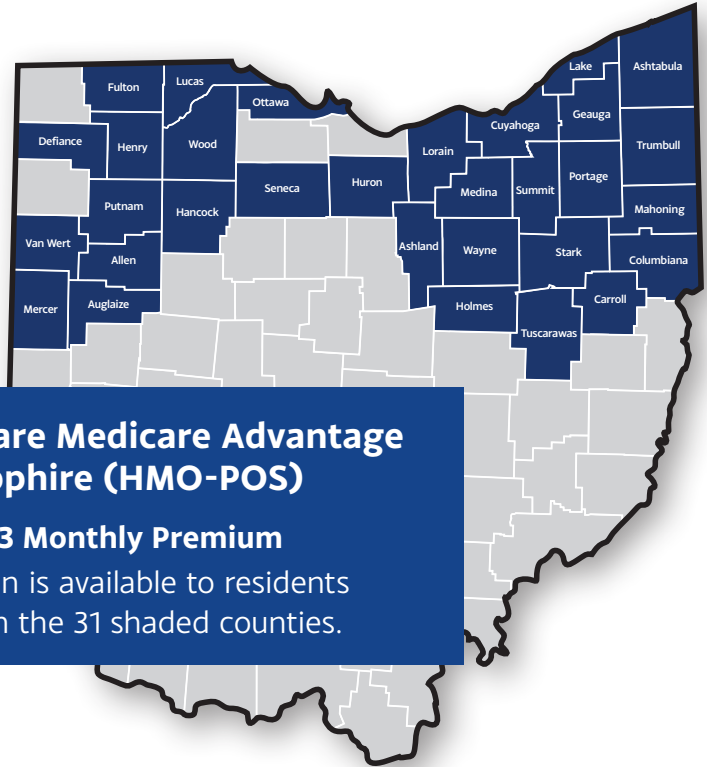
People with limited incomes may qualify for Extra Help to pay for their prescription drug costs and medical expenses. See if you qualify by calling:

- **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 your plan's network. Please note that your out-of-pocket costs may be higher if you select providers outside of our network.

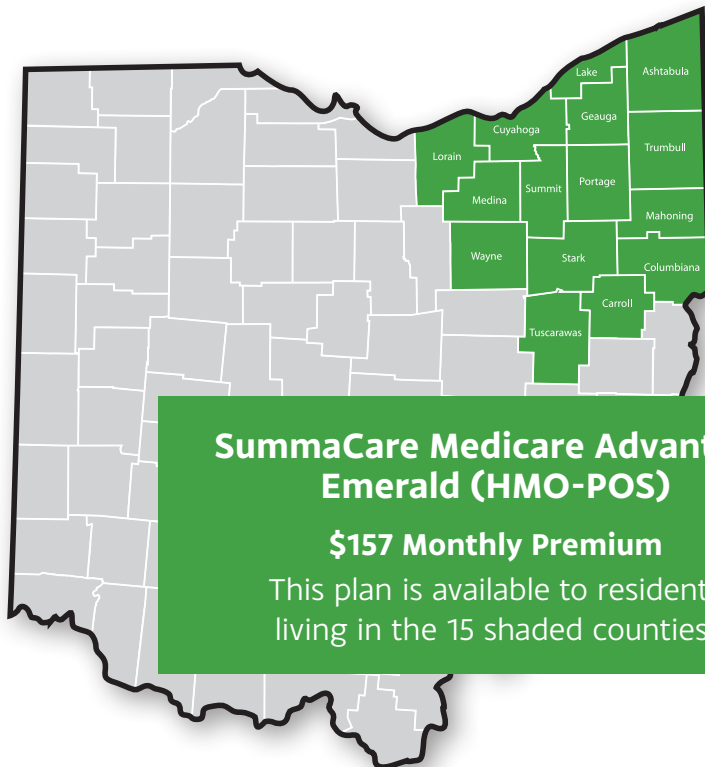
If you live in a county named on the map, you are eligible to enroll in that HMO-POS plan.



SummaCare Medicare Advantage Sapphire (HMO-POS)

\$83 Monthly Premium

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



SummaCare Medicare Advantage Emerald (HMO-POS)

\$157 Monthly Premium

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



Elizabeth S.

Barberton Member Since 2023

Six of the seven SummaCare Medicare Advantage plans* include Medicare Part D prescription drug coverage (Amber (HMO) plan does not include Part D prescription 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 2026 Formulary, which lists covered drugs and their assigned tier. To view the 2026 Formulary, visit our website at 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

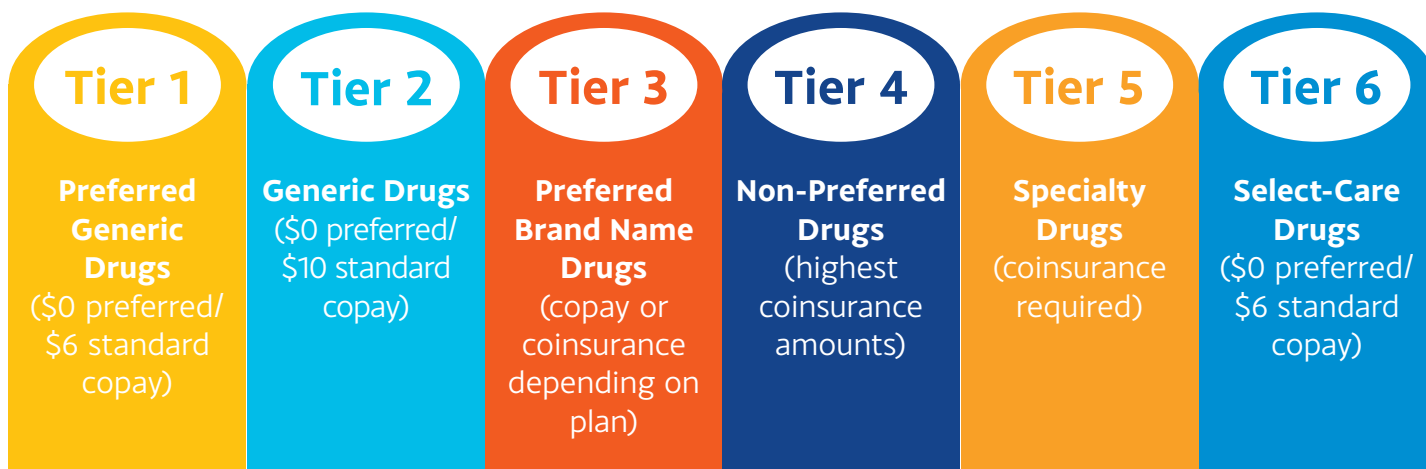
SummaCare will cover your prescriptions at in-network pharmacies under the applicable copayment amount while you travel throughout the United States. Our pharmacy network includes most national chains, plus many local, independent pharmacies. If traveling, your out-of-pocket costs may be higher if you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

To search for a network pharmacy, visit our website at summacare.com/medicare 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

SummaCare Medicare Advantage Drug Tiers

SummaCare organizes our covered drugs into six tiers:



The copays shown above are for a 30-day supply.

The chart below shows examples of 30-day supplies of Tier 1 and Tier 6 medications covered at a \$0 copay at Preferred Network pharmacies and \$6 at Standard pharmacies.

Drug Name	Your Cost
Amlodipine	\$0 / \$6
Atorvastatin	\$0 / \$6
Carvedilol Tablet	\$0 / \$6
Furosemide Tablet	\$0 / \$6
Hydrochlorothiazide	\$0 / \$6
Levothyroxine	\$0 / \$6
Lisinopril	\$0 / \$6
Losartan	\$0 / \$6
Metformin HCL Tablet	\$0 / \$6
Paroxetine Tablet	\$0 / \$6
Rosuvastatin Tablet	\$0 / \$6
Simvastatin	\$0 / \$6
Tamsulosin	\$0 / \$6
Valsartan	\$0 / \$6

Tier 1 and Tier 6 drugs are covered at a \$0 copay at preferred network pharmacies and at a \$6 copay at standard network pharmacies for a 30-day supply. Tier 6 Select Care Drugs include condition management drugs for treatment of 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.



Generic Over-the-Counter (OTC) Drugs Covered at a \$0 Copay at preferred and standard network pharmacies.

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.

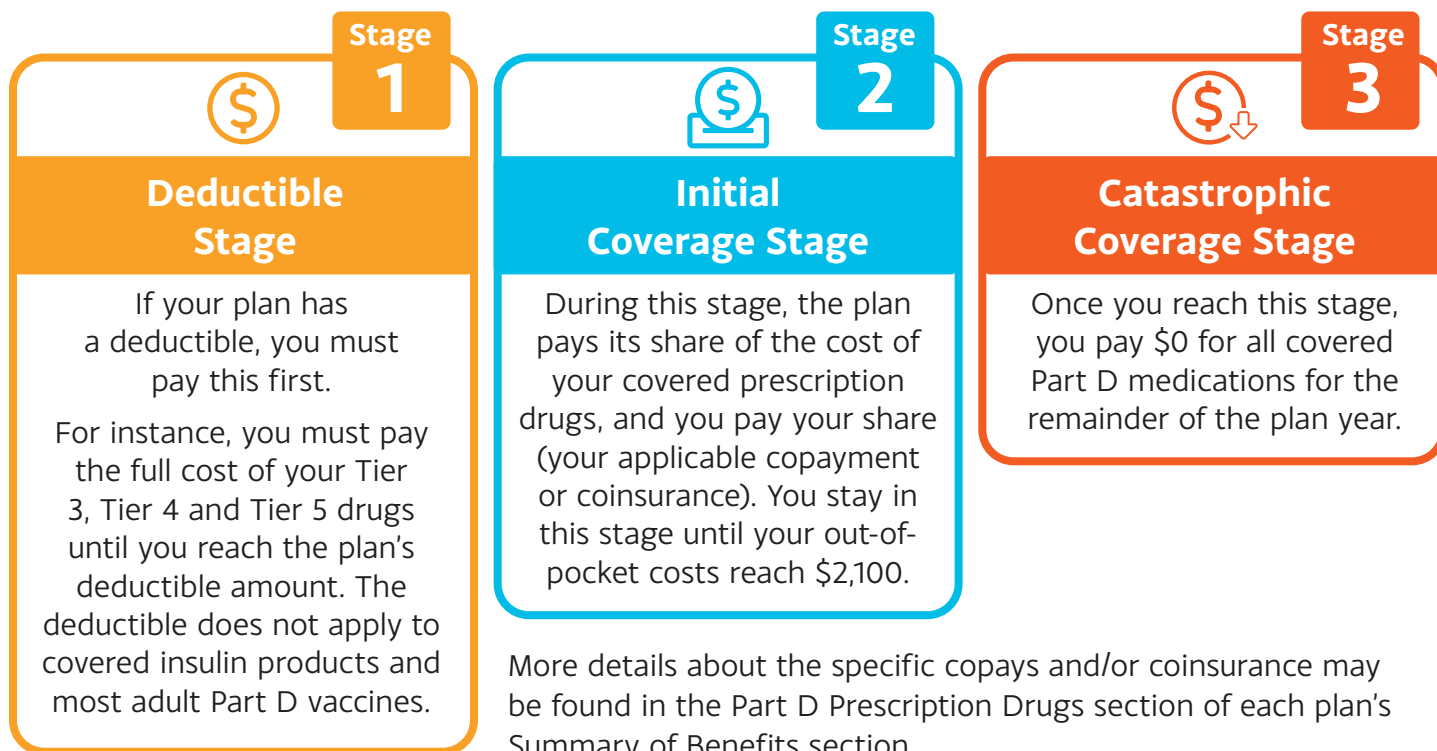
Generic Drug Name	Reference Brand Drug Name	Dosage Form
Cetirizine Hydrochloride	(Zyrtec)	Chewable Tablet, Solution, Tablets
Cetirizine Pseudoephedrine Hydrochloride	(Zyrtec-D)	12-Hour Tablet
Fexofenadine Hydrochloride	(Allegra)	12-Hour Tablet, 24-Hour Tablet, Tablet Rapids, Suspension
Fexofenadine Hydrochloride / 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

Prior to 2025, there were four different coverage stages that dictated how much a member would pay for Part D prescriptions. This process has since been simplified to three stages: a Deductible Stage (if applicable), an Initial Coverage Stage (which has a limit of \$2,100) 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

Members can also opt into the Medicare Prescription Payment Plan. Opting into this program allows members to divide their Part D prescription drug costs (up to their Annual Out-of-Pocket Threshold of \$2,100) into monthly payments throughout the remainder of the plan year--based on the initial opt-in date of membership. This can make it easier to afford high-cost prescriptions by splitting costs into more affordable monthly payments instead of one lump sum.

For example, if access to an expensive drug is required at the beginning of the plan year, this program will spread payments out at \$175/per month rather than burdening the member by facing the total \$2,100 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 Medicare Prescription Payment Plan 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.

An Example of How the Medicare Prescription Payment Plan's Monthly Payments are Calculated

You take several drugs that have a total out-of-pocket cost of \$80 each month. In January 2026, 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:

$\$2,100$ [annual out-of-pocket maximum]
– $\$0$ [no out-of-pocket costs before using this payment option]
= $\$2,100$

12 [remaining months in the year]

= **\$175**

[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: \$175.
- 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:

$\$0$ [remaining balance] + $\$80$ [new costs] = $\$80$

11 [remaining months in the year]

= **\$7.27**

[your payment for February]

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

$\$72.73$ [remaining balance] + $\$80$ [new costs] = $\$152.73$

10 [remaining months in the year]

= **\$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 (\$2,100 in 2026).
- ✓ 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 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—for \$0 at preferred pharmacies!
- **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. Medicare Part D prescription coverage is not available on the Amber (HMO) plan. 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).

To find out if you qualify, visit summacare.com/medicare to view the 2026 MTM program information.



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** (TTY **711**) or (toll free) **888.464.8440** (TTY **711**) 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.



Go Online

Enroll online by visiting **summacare.com/medicare** and compare plans to enroll.



Mail Us Your Paperwork

Complete an enrollment form (included at the back of this Guide) 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**.
- 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 Advantage 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

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. This information is not a complete description of benefits. Call **888.464.8440** (TTY **711**) for more info. Actual SummaCare Medicare Advantage plan members shown. Members were not compensated for their appearance. 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. 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. Benefits may vary based on plan selected and county availability.

1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users call **1.877.486.2048**



Questions?

Let's talk.

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

Follow SummaCare on Social Media!



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