



2024 Medicare Advantage Plans

Enrollment Guide





Contents

SummaCare 2024 MAPD Plans

Extra Benefits	4
Health & Wellness Programs & Services	10

Provider Network

Key Health Systems	15
SCMedicare Hospitals by County	16
Frequently Asked Questions	18

Summaries of Benefits

SummaCare Medicare Advantage Topaz, Garnet, Ruby HMO Plans	23
SummaCare Medicare Advantage Jade HMO Plans	45
SummaCare Medicare Advantage Sapphire, Emerald HMO-POS Plans	71

Part D Prescription Drug Coverage

Formulary (Drug List) Information	93
Pharmacy Benefits & Travel	93
Drug Tiers	94
Coverage Stages	96
Frequently Asked Questions	97

How to Enroll

Medicare Enrollment Periods	101
SummaCare's Service Area	101
Ways to Enroll	102
Paying Your Premium	103

Welcome to SummaCare.

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. Let us serve you!



Jim & Diane M.
Members since 2015, Uniontown

2024 SummaCare Medicare Advantage Plans

Choose the plan that's right for you.

Our plans start with comprehensive medical and prescription drug (Part D) coverage – with no deductibles! From there, you select the plan that's right for your needs and budget.

Topaz (HMO)	Jade NE (HMO)	Jade NW (HMO)	Garnet (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
\$0 Premium	\$20 Premium	\$20 Premium	\$30 Premium	\$50 Premium	\$79 Premium	\$169 Premium
Plan Highlights						
Many Extra Benefits	Build your own plan with Bene-Flex™ based on your needs		Most enhanced extra benefits.	Lower hospital & outpatient copays	Low copays and enhanced .	Lowest copay on all other services including brand-name prescriptions
Maximum out-of-pocket (MOOP)						
\$3,700 MOOP	\$3,850 MOOP		\$3,700 MOOP	\$3,600 MOOP	HMO/POS covers out-of-network hospitals & doctors	
					Lower MOOP \$3,550	Lowest MOOP \$3,400
Dental Max						
\$3,000 Dental max	\$3,000 Dental max		\$2,000 Dental max	\$1,000 Dental max	\$2,000 Dental max	\$2,000 Dental max
Over-the-Counter (OTC)						
\$75 per quarter	\$85 per quarter	\$65 per quarter	\$100 per quarter	\$45 per quarter	\$80 per quarter	\$55 per quarter

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

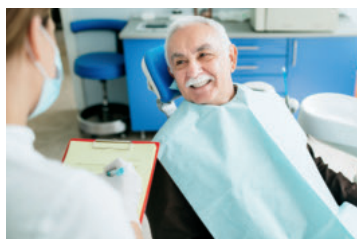
Go Beyond Basic Medicare with Valuable Extra Benefits

Our plans cover everything that Original Medicare covers and more!



Benefit Bucks & SummaCare Visa Card

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



Dental Coverage through the Delta Dental Network

You're covered for a wide variety of services including cleanings, fluoride treatments, x-rays, exams, fillings, extractions and root canals. Bridges, crowns and dentures are also covered! Optional Supplemental Dental coverage can be purchased for an additional monthly premium.



Vision Coverage

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



Hearing Aid Coverage

You're covered for one hearing aid per ear every year from our wide variety of covered hearing aid models, after paying a \$395 or \$695 copay per hearing aid, for select models. Amplifon does have additional hearing-aid models available for purchase at a discounted rate.



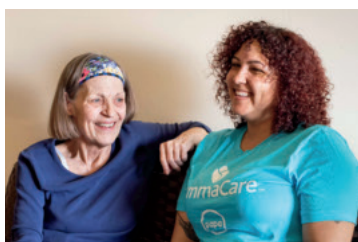
Over-the-Counter (OTC) Items

Use your SummaCare Visa card to spend your Benefit Bucks quarterly allowance on non-prescription OTC health-related items at participating national retailers — or have them shipped right to your door. If you have a preference for a brand-name or generic product, choose which to purchase when shopping at participating retailers.



SilverSneakers®

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



Papa Pals

Hang Out and Help Out. Papa pairs our members with Pals for companionship and assistance with everyday tasks. Get help around the house, including light housework, a ride to the doctor's office, pharmacy (or anywhere around town), technology assistance, help with errands or simply someone to talk to. When a Papa Pal supports a SummaCare Medicare Advantage member, they're also offering relief and respite to caregivers who need it. Jade (HMO) members may select this benefit as one of their Bene-Flex™ elections.



Assist America®

Assist America provides global emergency travel assistance when you're more than 100 miles from home or in a foreign country. Assist America gives you peace of mind while traveling, knowing that a single phone call will give you access to a vast network of resources to help coordinate care on your behalf during any medical travel emergency.



Travel Coverage

For most benefits, receive in-network coverage in the states of Arizona, Florida and Texas when you visit a Medicare-participating provider through our **visitor/travel benefit**. Whether you're a snowbird or regularly travel, go with confidence knowing you're covered. **Note:** You still must use SummaCare network providers for Part D prescription drugs and certain supplemental benefits for in-network coverage to apply. Our plans also have built-in **worldwide emergency, urgent care coverage and ambulance services** too, so you can travel close to home or around the world, worry-free.



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 have diabetes with a high A1C level, you can receive home-delivered, nutritious meals to help you focus on rest and recovery. Jade (HMO) members may select this benefit as one of their Bene-Flex™ elections.



Telehealth Services

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



Acupuncture Services

Members have Medicare-covered acupuncture on ALL plans. If you have chronic low back pain, you're covered on all plans. Supplemental acupuncture services are available on Topaz, Jade, Garnet and Emerald plans; Jade members must select this benefit as a Bene-Flex™ election to utilize supplemental acupuncture services. Visits must be scheduled through 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 **Lifescan** products through any in-network pharmacy. Abbott products are also available through HOMELINK.



Home Safety Devices

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





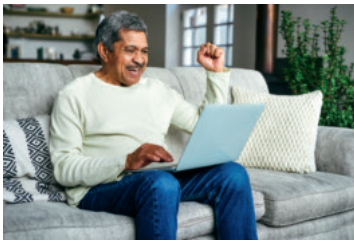
Therapeutic Massage Services

You're covered for therapeutic massage services performed by in-network providers. Requires a provider's order. Jade (HMO) members may select this benefit as one of their Bene-Flex™ elections.



Transportation

You're covered for a defined number of trips to medical appointments. Most trips can be scheduled in as little as 15 minutes and you can see providers throughout SummaCare's 33-county service area. HOMELINK coordinates most transportation trips using local ride-share vendors such as Uber and Lyft. Please schedule stretcher or electric wheelchair transport at least 72 hours in advance; wheelchair and ambulatory sedan trips scheduled 48 hours in advance. Jade (HMO) members may select this benefit as one of their Bene-Flex™ elections.



BrainHQ

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. Jade (HMO) members may select this benefit as one of their Bene-Flex™ elections.



PERS (Personal Emergency Response System)

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



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

Benefit Bucks on Your SummaCare Visa Card



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

1

Over-the-Counter (OTC) Allowance Benefit Bucks

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

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

OTC allowance amounts vary by plan and unused quarterly balances do not roll over. OTC allowance can be used to order health-related items over the phone, online or in person at more than 66,000 participating retailers. If you have a preference for a brand-name or generic product, choose which to purchase when shopping at participating retailers.

2

Preventive Care Rewards Benefit Bucks

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

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

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

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

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

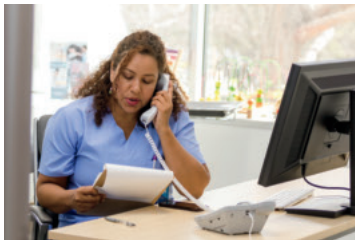
- **Flex Card with additional \$550 allowance for dental, vision and hearing expenses above and beyond the benefit.** These funds will be loaded on your SummaCare Visa card. You can use your additional allowance at any vision hardware provider with the exception of purchases at big box retailers (i.e. Sam's Club and Costco) other than Walmart. You may use your additional allowance with your Delta Dental provider or other dentists of your choice. You can use your allowance toward hearing aids at any provider in or out of network.
- **\$40/month allowance for healthy grocery items*** (for example fruits, vegetable, milk, eggs, etc.) will be loaded on your SummaCare Visa card. This monthly allowance may be used at any of the nationwide retail locations. More information, including the full list of approved items, is available at summacare.com/otc.

*Requires a diagnosis of diabetes mellitus and or congestive heart failure



Health & Wellness Programs

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



24-Hour Nurse Line

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



Health Coaching and Condition Management

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



QuitCare

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



Preventive Health Reminders and Incentives!

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



Health Manager Powered by WebMD®

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

Plus, many enhanced care management programs!

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

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

Annual Wellness - \$50

Breast Cancer Screening - \$10

Colorectal Cancer Screening - \$10



Judi R.
Medicare member since 2014, Medina

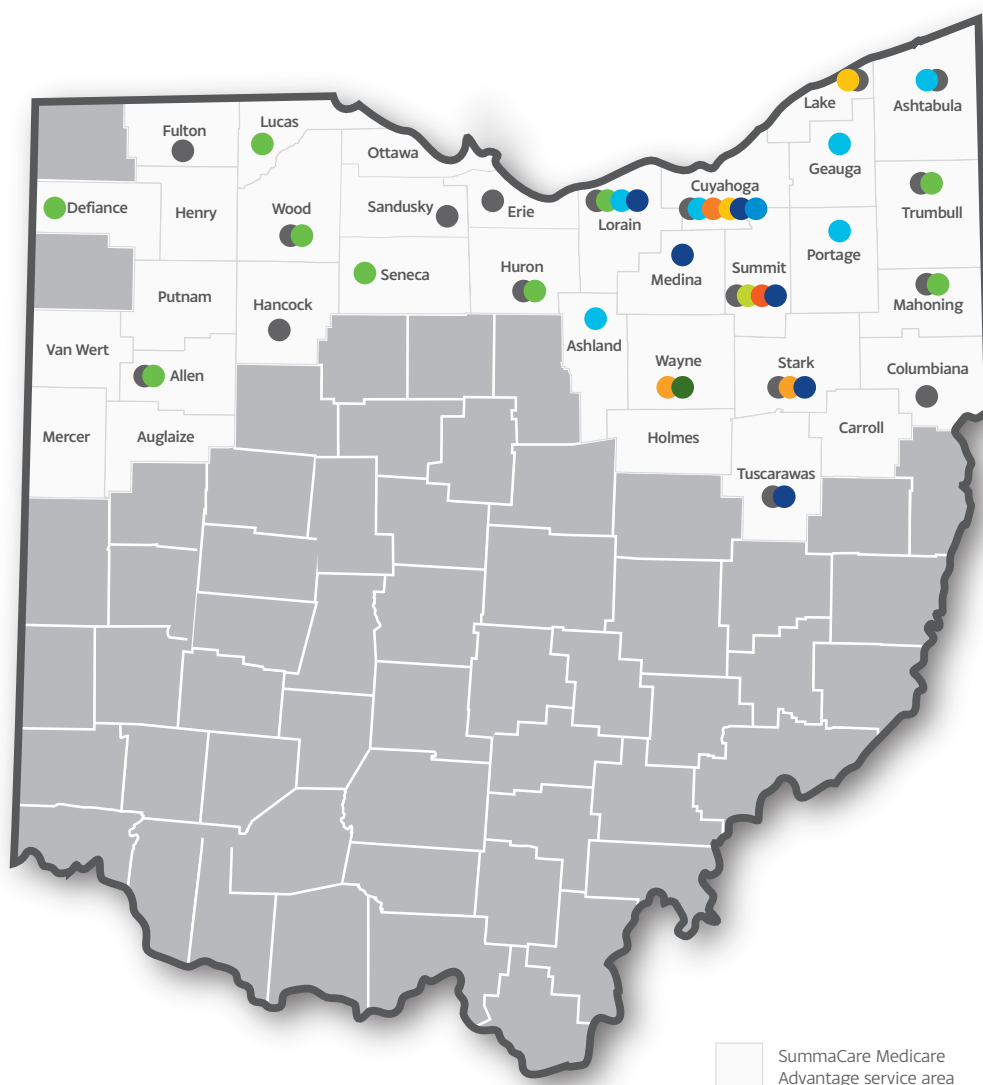


summacare.com/medicare

Provider Network

Provider Network

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



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

Dental coverage provided through 

Provider Network

SCMedicare Network Hospitals by County

Allen

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

Ashland

- University Hospitals
 - Samaritan Medical Center

Ashtabula

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

Columbiana

- Salem Community Hospital

Cuyahoga

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

Defiance

- Mercy Health
 - Defiance Hospital

Erie

- Firelands Regional Medical Center

Fulton

- Fulton County Health Center

Geauga

- University Hospitals
 - Geauga Medical Center

Hancock

- Blanchard Valley Hospital

Huron

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

Lake

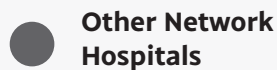
- Lake Health
- TriPoint Medical Center
- West Medical Center

Lorain

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

Lucas

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



Mahoning ●●

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

Medina ●

- Cleveland Clinic
 - Lodi Hospital
 - Medina Hospital

Portage ●

- University Hospitals
 - Portage Medical Center

Sandusky ●

- Promedica Memorial Hospital

Seneca ●

- Mercy Health
 - Tiffin Hospital

Stark ●●●

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

Summit ●●●●

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

Trumbull ●●

- St. Joseph Warren Hospital
- Trumbull Memorial Hospital

Tuscarawas ●●

- Trinity Hospital Twin City
- Union Hospital

Wayne ●●●

- Aultman Orrville Hospital
- Wooster Community Hospital

Wood ●●

- Mercy Health
 - Perrysburg Hospital
- Wood County Hospital

Provider Network

Frequently Asked Questions

How do I find a provider or hospital?

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

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

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

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

What if my current provider is not in your network?

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

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

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

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

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

If you're traveling outside of the service area, all SummaCare Medicare Advantage plans offer coverage anywhere in the country for emergency, urgent care and ambulance services, and up to \$25,000 per year for emergency services outside the continental United States through our partnership with Assist America®. All SummaCare Medicare advantage plans receive coverage in AZ, FL, TX at the in-network level. Select benefits may be available based on the plan selected.

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

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

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

Summary of Benefits

Topaz (HMO)
Garnet (HMO)
Ruby (HMO)



Summary of Benefits

Topaz, Garnet, Ruby

Plan Year January 1, 2024 through December 31, 2024

SummaCare Medicare Topaz (HMO) (H3660_050)

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

SummaCare Medicare Garnet (HMO) (H3660_053)

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

SummaCare Medicare Ruby (HMO) (H3660_044)

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

SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. H3660_SC428_M Accepted 09172023

Summary of Benefits

KEY BENEFITS

Acupuncture Services	35
Ambulance	32
Assist America®	35
Chiropractic Care	36
Dental Services	29
Diabetes Monitoring Supplies	37
Diagnostic Services	27
Emergency Care	26
Health and Wellness Programs and Services	38
Hearing Services	28
Home Health Care	36
Home Safety Devices	36
Hospice	36
Hospital – Inpatient	25
Hospital – Outpatient	25
Lab Services	27
Meal Delivery	35
Medical Equipment/Supplies	37
Medicare Part B Drugs	32
Mental Health Services	31
Opioid Treatment Program Services	37
Optional Supplemental Dental	39
Over-the-Counter (OTC) items	38
Papa Pals	35
Part D Prescription Drugs	33
Partial Hospitalization	38
Podiatry Services	36
Preventive Care	26
Prosthetic Devices	37
Provider Visits	25
Radiology Services	27
Rehabilitation and Physical Therapy	31
Renal Dialysis	38
Skilled Nursing Facility	31
Substance Abuse – Outpatient	37
Telehealth Services	35
Therapeutic Massage	36
Transportation	32
Visitor/Travel Coverage	35
Urgent Care	26
Vision Services	30
X-Rays – Outpatient	27

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
Monthly Plan Premium	You must continue to pay your Medicare Part B premium.		
	You pay \$0.	You pay \$30.	You pay \$50.
Medical Deductible	You pay nothing.	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. 		
	\$3,700	\$3,700	\$3,600
Inpatient Hospital Coverage	Our plan pays for an unlimited number of days for an inpatient hospital stay.		
	\$340 copay per day for days 1 through 6. You pay nothing after day 6.	\$306 copay per day for days 1 through 6. You pay nothing after day 6.	\$270 copay per day for days 1 through 6. You pay nothing after day 6.
Outpatient Hospital Coverage	Outpatient hospital:		
	\$310 copay	\$275 copay	\$250 copay
	Observation services:		
	\$310 copay	\$275 copay	\$250 copay
Ambulatory Surgical Center	\$310 copay	\$275 copay	\$250 copay
Provider Visits	You are not required to receive authorization before seeking care from any specialists.		
	Primary care provider visit:		
	\$0 copay	\$0 copay	\$0 copay
	Specialist visit:		
	\$35 copay	\$40 copay	\$40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
Preventive Care	<p>Our plan covers many preventive services, including:</p> <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 • Prostate cancer screening and counseling • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines (including flu shots, Hepatitis B shots, pneumococcal shots) • "Welcome to Medicare" preventive visit (one-time) 		
	You pay nothing.	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>		
	\$120 copay per visit	\$120 copay per visit	\$120 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	\$25 copay per visit

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare 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):		
	\$175 copay	\$125 copay	\$150 copay
	Diagnostic tests and procedures:		
	\$0-\$125 copay, depending on the location	\$0-\$50 copay, depending on the location	\$0-\$125 copay, depending on the location
	Lab services:		
	\$0-\$10 copay, depending on the location	\$0-\$5 copay, depending on the location	\$0-\$8 copay, depending on the location
	Outpatient X-rays:		
	\$75-\$130 copay, depending on the location	\$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	20% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare 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-\$20 copay	\$0-\$15 copay	\$0-\$15 copay
	Supplemental routine hearing exam:		
	\$0 copay	\$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	\$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
Dental Services	<p>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.</p>		
	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
	<p>Comprehensive Dental Services:</p>		
	<ul style="list-style-type: none"> You pay \$0 for fillings, root canals and simple extractions. You pay 20% coinsurance for bridges, crowns and dentures. \$3,000 calendar year maximum for preventive and comprehensive dental services. Must use Delta Dental of Ohio Medicare Advantage PPO network. 	<ul style="list-style-type: none"> You pay \$0 for fillings, root canals and simple extractions. Perio maintenance, non-surgical periodontics, relines and repairs to bridges and dentures. You pay 40% coinsurance for bridges, crowns and dentures. \$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. 	<ul style="list-style-type: none"> You pay 50% coinsurance for fillings, root canals and simple extractions. \$1,000 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 Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare 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 visit any vision provider you choose.</p>		
	Diagnostic eye exam:		
	\$0 copay	\$0 copay	\$0 copay
	Supplemental routine eye exam:		
	\$0 copay	\$0 copay	\$0 copay
	Annual prescription eyewear allowance:		
	\$270 allowance	\$365 allowance	\$250 allowance
	Glasses or contact lenses after cataract surgery:		
	You pay nothing.	You pay nothing.	You pay nothing.
	Yearly glaucoma screening:		
	You pay nothing.	You pay nothing.	You pay nothing.

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
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:		
	\$340 copay per day for days 1 through 5. You pay nothing after day 5.	\$306 copay per day for days 1 through 5. You pay nothing after day 5.	\$270 copay per day for days 1 through 5. You pay nothing after day 5.
	Outpatient group therapy visit:		
	\$35 copay	\$40 copay	\$40 copay
Skilled Nursing Facility	Outpatient individual therapy visit:		
	\$35 copay	\$40 copay	\$40 copay
	Our plan covers up to 100 days in a Skilled Nursing Facility. No prior hospital stay required.		
	You pay nothing per day for days 1 through 20. \$196 copay per day for days 21 through 100.	You pay nothing per day for days 1 through 20. \$196 copay per day for days 21 through 100.	You pay nothing per day for days 1 through 20. \$196 copay per day for days 21 through 100.
Rehabilitation and Physical Therapy	Cardiac (heart) rehab services:		
	You pay nothing.	You pay nothing.	You pay nothing.
	Occupational therapy visit:		
	\$35 copay	\$40 copay	\$40 copay
	Physical therapy and speech and language therapy visit:		
	\$35 copay	\$40 copay	\$40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
Ambulance	Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.		
	Ground ambulance:		
	\$290 copay	\$225 copay	\$200 copay
	Air ambulance:		
	\$290 copay	\$225 copay	\$200 copay
Transportation	Routine non-emergent medical transportation services are covered for in-network medical appointments or visits to providers within the plan service area. Trips must be scheduled through SummaCare's transportation vendor, HOMELINK.		
	You pay nothing for six one-way trips per calendar year.	You pay nothing for eight one-way trips per calendar year.	You pay nothing for six one-way trips per calendar year.
Medicare Part B Drugs	For Part B-covered chemotherapy drugs and other Part B-covered drugs: Insulin cost sharing is subject to a coinsurance cap of \$35 for one-month's supply of insulin.		
	Up to 20% of the cost	Up to 20% of the cost	Up to 20% of the cost

Summary of Benefits

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

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

Deductible	There is no deductible.	There is no deductible.	There is no deductible.
Initial Coverage Stage	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail-order pharmacies.		
Tier 1 (Preferred Generic)	Retail One Month: \$0 Three Month: \$0 Mail-Order Three Month: \$0	Retail One Month: \$0 Three Month: \$0 Mail-Order Three Month: \$0	Retail One Month: \$0 Three Month: \$0 Mail-Order Three Month: \$0
Tier 2 (Generic)	Retail One Month: \$9 Three Month: \$22.50 Mail-Order Three Month: \$22.50	Retail One Month: \$8 Three Month: \$20 Mail-Order Three Month: \$20	Retail One Month: \$8 Three Month: \$20 Mail-Order Three Month: \$20
Tier 3 (Preferred Brand)	Retail One Month: \$46 Three Month: \$115 Mail-Order Three Month: \$115	Retail One Month: \$44 Three Month: \$110 Mail-Order Three Month: \$110	Retail One Month: \$44 Three Month: \$110 Mail-Order Three Month: \$110
Tier 4 (Non-preferred Drugs)	Retail One Month: \$100 Three Month: \$300 Mail-Order Three Month: \$300	Retail One Month: \$100 Three Month: \$300 Mail-Order Three Month: \$300	Retail One Month: \$100 Three Month: \$300 Mail-Order Three Month: \$300
Tier 5 (Specialty)	Retail One Month: 33% Three Month: N/A Mail-Order: 33% Limited to 30-day supply	Retail One Month: 33% Three Month: N/A Mail-Order: 33% Limited to 30-day supply	Retail One Month: 33% Three Month: N/A Mail-Order: 33% Limited to 30-day supply
Tier 6 (Select Care Drugs including Vaccines)	Retail One Month: \$0 Three Month: \$0 Mail-Order Three Month: \$0	Retail One Month: \$0 Three Month: \$0 Mail-Order Three Month: \$0	Retail One Month: \$0 Three Month: \$0 Mail-Order Three Month: \$0

Summary of Benefits

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

Part D Prescription Drugs continued

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap Stage	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. All Tier 1 (Preferred Generic) drugs (retail and mail-order) are covered at a \$0 copay if you enter the Coverage Gap. Tier 6 Select Care Drugs and Vaccines are also covered at a \$0 copay through the Coverage Gap.</p>
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$8,000, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>
Insulin Cost Sharing	<p>You will pay no more than \$35 for a one month supply of insulin covered under Part D.</p>

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare 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 per visit	\$10 copay per visit	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	\$10 copay	\$40 copay
Telehealth Services	For each primary care, dermatological, behavioral health and substance abuse telehealth visit provided through Teladoc® or another in-network provider.		
	\$0 copay	\$0 copay	\$0 copay
	For all other in-network telehealth specialist visits:		
	\$20 copay	\$20 copay	\$20 copay
Papa Pals	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, 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 30 hours of assistance	Up to 40 hours of assistance	Up to 40 hours of assistance
Visitor/Travel Coverage	SummaCare Medicare members who are visiting the states of Arizona, Florida or Texas receive all plan-covered services through this Visitor/Travel coverage.		
Assist America®	There is no coinsurance, copayment or deductible for emergency travel assistance services provided through Assist America.		
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 level.		

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare 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.	\$10 copay per visit for any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year.	Not covered
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. A list of covered equipment devices is available at summacare.com . Items must be purchased through HOMELINK. Otherwise you will be responsible for the full cost of those items and no payment will be made.		
	\$150 allowance per year	\$200 allowance per year	\$175 allowance per year
Chiropractic Care (Medicare-covered)	\$20 copay	\$20 copay	\$20 copay
Foot Care (Podiatry Services)	\$35 copay	\$40 copay	\$40 copay
Home Health Care	You pay nothing.	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.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care.

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
Medical Equipment/Supplies	Durable medical equipment (e.g., wheelchairs, oxygen):		
	20% of the cost	20% of the cost	20% of the cost
	Prosthetic devices (e.g., braces, artificial limbs):		
	20% of the cost	20% of the cost	20% of the cost
	Diabetes monitoring supplies manufactured by Abbott and/or Lifescan:		
Outpatient Substance Abuse	You pay nothing.	You pay nothing.	You pay nothing.
	Diabetes self-management training:		
	You pay nothing.	You pay nothing.	You pay nothing.
	Therapeutic shoes or inserts:		
	20% of the cost	20% of the cost	20% of the cost
Group therapy visit:			
	\$35 copay	\$40 copay	\$40 copay
Individual therapy visit:			
	\$35 copay	\$40 copay	\$40 copay
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 		
	\$0 copay	\$0 copay	\$0 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare 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	\$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 2024 OTC Product Catalog or visit summacareotc.com for a complete list of plan-approved OTC items. You may also conduct a product search by retail service at summacareotc.com. Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.</p>		
	\$75 allowance per quarter	\$100 allowance per quarter	\$45 allowance per quarter
Renal Dialysis	20% of the cost	20% of the cost	20% of the cost
Health and Wellness Programs and Services	<ul style="list-style-type: none"> • BrainHQ: Members have access to BrainHQ™, 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. • 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. 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 Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
Optional Supplemental Dental	<p>If you elect to enroll in this optional supplemental dental plan, you'll pay an additional \$35 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), \$2,000 (Garnet), \$2,000 (Ruby) per benefit year. This includes your preventive 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.</p>		
	Inlays/Onlays:		
	50% coinsurance	50% coinsurance	50% coinsurance
	Periodontal Maintenance:		
	50% coinsurance	Covered under embedded benefit	50% coinsurance
	Periodontal Non-Surgical Procedures:		
	50% coinsurance	Covered under embedded benefit	50% coinsurance
	Periodontal Surgical Procedures:		
	50% coinsurance	50% coinsurance	50% coinsurance
	Denture Relines/Repairs:		
	50% coinsurance	Covered under embedded benefit	50% coinsurance
	Bridge Repairs:		
	50% coinsurance	Covered under embedded benefit	50% coinsurance

Summary of Benefits

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

Optional Supplemental Dental continued

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

Things to Know About SummaCare Topaz, Garnet and Ruby

What do we cover?

SummaCare Medicare Advantage plans cover everything Original Medicare covers and more. All of our plans (except Amber (HMO) include Medicare (Part D) prescription drugs. You can see the complete plan formulary (list of covered drugs) and any restrictions on our website by visiting **summacare.com/find-your-drug** 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 and what stage of the benefit you have reached. Later in this document, we discuss the Part D Coverage Stages: Part D deductible, Initial Coverage Stage, Coverage Gap Stage and Catastrophic Coverage Stage.

Which providers, hospitals and pharmacies can I use?

SummaCare Medicare Topaz, Garnet and Ruby Northeast have a network of providers, hospitals and pharmacies. If you use providers that are not in our network, the plan may not pay for these services – except for emergency, urgent and out-of-area renal dialysis services. Out-of-network/non-contracted providers are under no obligation to treat SummaCare members, except in emergency situations. Please call our Member Services number or request an Evidence of Coverage (EOC) document for more information, 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.

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

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:

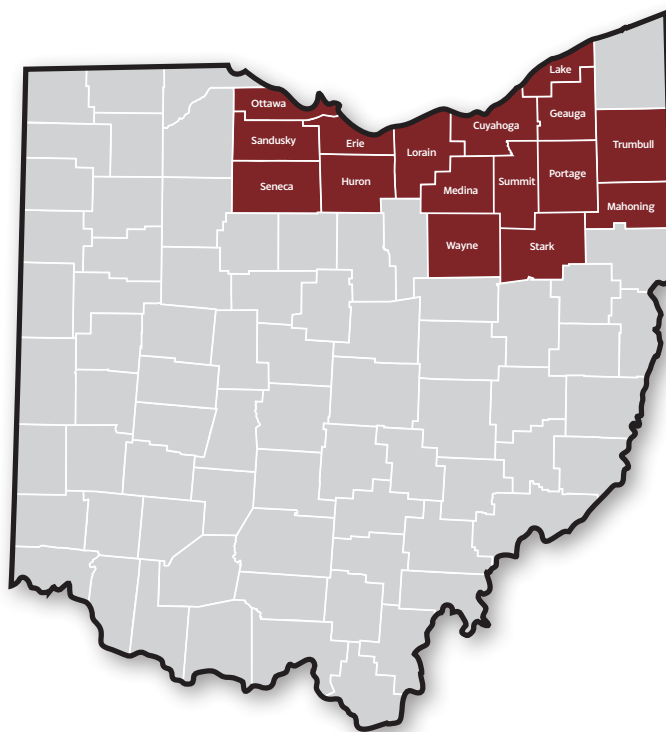
- **1.800.MEDICARE (1.800.633.4227)**, 24 hours a day, 7 days a week. TTY/TDD users call **1.877.486.2048**.
- The Social Security Administration at **1.800.772.1213**, Monday – Friday, 7 a.m. to 7 p.m. TTY/TDD users call **1.800.325.0778**.

HMO Plans

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

SummaCare Medicare Topaz (HMO) \$0 Monthly Premium

This plan is available to residents living in the 18 shaded counties on the map to the right. If you live in a county named on the map, you are eligible to enroll in this HMO plan.

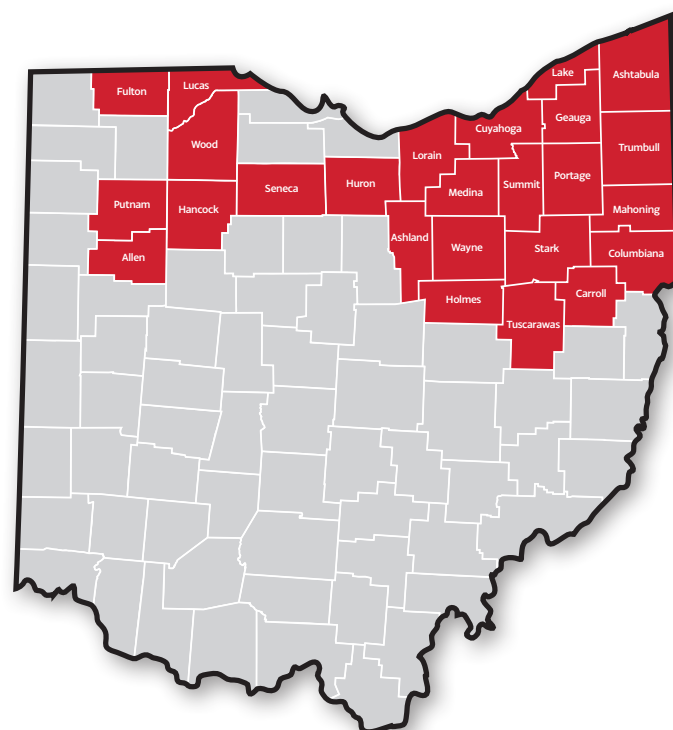


SummaCare Medicare Garnet (HMO) \$30 Monthly Premium

This plan is available to residents living in the 16 shaded counties on the map to the left. If you live in a county named on the map, you are eligible to enroll in this HMO plan.

SummaCare Medicare Ruby (HMO) \$50 Monthly Premium

This plan is available to residents living in the 25 shaded counties on the map to the right. If you live in a county named on the map, you are eligible to enroll in this HMO plan.



Jade (HMO)



Summary of Benefits Jade (HMO)

Plan Year January 1, 2024 through December 31, 2024

SummaCare Medicare Jade NE (HMO) (H3660_056)

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

SummaCare Medicare Jade NW (HMO) (H3660_056)

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

SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. Some of the benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify for all benefits. H3660_SC427_M Accepted 09182023

Summary of Benefits

KEY BENEFITS

Assist America®.....	55
Chiropractic Care (Medicare-covered)	55
Dental Services	50
Diabetes Monitoring Supplies	55
Diagnostic Services.....	49
Emergency Care	48
Health and Wellness Programs and Services.....	56
Hearing Services.....	50
Home Health Care.....	55
Hospice	55
Hospital – Inpatient.....	47
Hospital – Outpatient.....	47
Medical Equipment/Supplies	55
Medicare Part B Drugs.....	52
Mental Health Services.....	51
Opioid Treatment Program Services	56
Optional Supplemental Dental.....	60
Over-the-Counter (OTC) items	56
Part D Prescription Drugs	56
Partial Hospitalization.....	56
Podiatry Services	55
Preventive Care	48
Prosthetic Devices.....	55
Provider Visits	47
Radiology Services	49
Rehabilitation and Physical Therapy	52
Renal Dialysis	56
Skilled Nursing Facility.....	52
Substance Abuse – Outpatient.....	56
Telehealth Services.....	55
Visitor/Travel Coverage.....	55
Urgent Care	48
Vision Services	51
X-Rays - Outpatient.....	49

BENE-FLEX™ BENEFITS

Acupuncture Services	57
BrainHQ.....	57
Chiropractic Care.....	58
Flex Card for Vision, Dental & Hearing	59
Fitness Tracker	57
Healthy Grocery/Pantry	59
Home Safety Devices	59
Indoor Air Quality	58
Meal Delivery - Chronic Care	59
Meal Delivery - Post Discharge	59
Nutrition Coaching.....	57
Papa Pals	58
Personal Emergency System (PERS)	59
SilverSneakers®	58
Transportation	58
Therapeutic Massage	57
Toenail Trimming.....	57

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Monthly Plan Premium	You must continue to pay your Medicare Part B premium.	
	You pay \$20.	You pay \$20.
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. 	
	\$3,850	\$3,850
Inpatient Hospital Coverage	Our plan pays for an unlimited number of days for an inpatient hospital stay.	
	\$325 copay per day for days 1 through 6. You pay nothing after day 6.	\$335 copay per day for days 1 through 6. You pay nothing after day 6.
Outpatient Hospital Coverage	Outpatient hospital:	
	\$305 copay	\$305 copay
	Observation services:	
	\$305 copay	\$305 copay
Ambulatory Surgical Center	\$305 copay	\$305 copay
Provider Visits	You are not required to receive authorization before seeking care from any specialists.	
	Primary care provider visit:	
	You pay nothing.	You pay nothing.
	Specialist visit:	
	\$35 copay	\$40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Preventive Care	<p>Our plan covers many preventive services, including:</p> <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 • Prostate cancer screening and counseling • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines (including flu shots, Hepatitis B shots, pneumococcal shots) • "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>	
	\$120 copay per visit	\$120 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>	
	\$25 copay per visit	\$30 copay per visit

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Diagnostic Services/Labs/Imaging	The copay is based on where the procedure takes place. You pay a lower copay at a physician's office (office visit copay may apply). You pay a higher copay at all other locations.	
	Diagnostic radiology service (e.g., MRI):	
	\$150 copay	\$150 copay
	Diagnostic tests and procedures:	
	\$0-\$100 copay, depending on the location	\$0-\$125 copay, depending on the location
	Lab services:	
	\$0-\$8 copay, depending on the location	\$0-\$10 copay, depending on the location
	Outpatient X-rays:	
	\$0-\$110 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 Jade NE (HMO)	SummaCare Medicare Jade NW (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.) There is no copay for a hearing aid fitting/evaluation.	
	Diagnostic hearing exam:	
	\$0-\$15 copay	\$0-\$15 copay
	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
Dental Services	Preventive dental covers two cleanings, two exams, one bitewing X-ray per year and 1 fluoride treatment. Preventive dental also includes full mouth or panoramic X-rays once every five years, periapical X-rays as needed and emergency treatment of dental pain as needed.	
	\$0 copay per visit	\$0 copay per visit
	Comprehensive Dental Services:	
	<ul style="list-style-type: none"> • You pay \$0 for fillings, root canals and simple extractions. • You pay 20% coinsurance for bridges, crowns and dentures. • \$3,000 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 Jade NE (HMO)	SummaCare Medicare Jade NW (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 visit 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:	
	\$265 allowance	\$240 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:	
	\$325 copay per day for days 1 through 5. You pay nothing after day 5.	\$335 copay per day for days 1 through 5. You pay nothing after day 5.
	Outpatient group therapy visit:	
	\$35 copay	\$40 copay
	Outpatient individual therapy visit:	
	\$35 copay	\$40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Skilled Nursing Facility	Our plan covers up to 100 days in a Skilled Nursing Facility. No prior hospital stay required.	
	You pay nothing per day for days 1 through 20. \$196 copay per day for days 21 through 100.	You pay nothing per day for days 1 through 20. \$196 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:	
	\$35 copay	\$40 copay
	Physical therapy and speech and language therapy visit:	
	\$35 copay	\$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:	
	\$290 copay	\$300 copay
	Air ambulance:	
	\$290 copay	\$300 copay
Medicare Part B Drugs	For Part B-covered chemotherapy drugs and other Part B-covered drugs:	
	Insulin cost sharing is subject to a coinsurance cap of \$35 for one-month's supply of insulin.	
	Up to 20% of the cost	Up to 20% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Part D Prescription Drugs. The amount you pay depends on the drug's tier, what stage of the benefit you have reached, and pharmacy type or status (e.g., preferred/non-preferred, mail order, long-term care (LTC), and 30- or 90-day supply).		
Deductible	There is no deductible.	There is no deductible.
Initial Coverage Stage	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail-order pharmacies.	
Tier 1 (Preferred Generic)	Retail One Month: \$0 Three Month: \$0 Mail-Order Three Month: \$0	Retail One Month: \$0 Three Month: \$0 Mail-Order Three Month: \$0
Tier 2 (Generic)	Retail One Month: \$8 Three Month: \$20 Mail-Order Three Month: \$20	Retail One Month: \$8 Three Month: \$20 Mail-Order Three Month: \$20
Tier 3 (Preferred Brand)	Retail One Month: \$44 Three Month: \$110 Mail-Order Three Month: \$110	Retail One Month: \$44 Three Month: \$110 Mail-Order Three Month: \$110
Tier 4 (Non-preferred Drugs)	Retail One Month: \$100 Three Month: \$300 Mail-Order Three Month: \$300	Retail One Month: \$100 Three Month: \$300 Mail-Order Three Month: \$300
Tier 5 (Specialty)	Retail One Month: 33% Three Month: N/A Mail-Order: 33% Limited to 30-day supply	Retail One Month: 33% Three Month: N/A Mail-Order: 33% Limited to 30-day supply
Tier 6 (Select Care Drugs including Vaccines)	Retail One Month: \$0 Three Month: \$0 Mail-Order Three month: \$0	Retail One Month: \$0 Three Month: \$0 Mail-Order Three month: \$0

Summary of Benefits

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

Part D Prescription Drugs continued

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap Stage	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. All Tier 1 (Preferred Generic) drugs (retail and mail-order) are covered at a \$0 copay if you enter the Coverage Gap. Tier 6 Select Care Drugs and Vaccines are also covered at a \$0 copay through the Coverage Gap.</p>
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$8,000, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>
Insulin Cost Sharing	<p>You will pay no more than \$35 for a one month supply of insulin covered under Part D.</p>

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Additional Benefits		
Telehealth Services	For each primary care, dermatological, behavioral health and substance abuse telehealth visit provided through Teladoc® or another in-network provider.	
	\$0 copay	\$0 copay
	For all other in-network telehealth specialist visits:	
	\$20 copay	\$20 copay
Visitor/Travel Coverage	SummaCare Medicare members who are visiting the states of Arizona, Florida or Texas receive all plan-covered services through this Visitor/Travel coverage.	
Assist America®	There is no coinsurance, copayment or deductible for emergency travel assistance services provided through Assist America.	
Chiropractic Care (Medicare-covered)	\$20 copay	\$20 copay
Foot Care (Podiatry Services)	\$35 copay	\$40 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.
Medical Equipment/Supplies	Durable medical equipment (e.g., wheelchairs, oxygen):	
	20% 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 Lifescan:	
	\$0 copay	\$0 copay
	Diabetes self-management training:	
	You pay nothing.	You pay nothing.
	Therapeutic shoes or inserts:	
	20% of the cost	20% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Outpatient Substance Abuse	Group therapy visit: \$35 copay	\$40 copay
	Individual therapy visit: \$35 copay	\$40 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 	<ul style="list-style-type: none"> • Individual and group therapy • Intake activities • Periodic assessments • Toxicology testing
	\$0 copay	\$0 copay
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	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 2024 OTC Product Catalog or visit summacareotc.com for a complete list of plan-approved OTC items. You may also conduct a product search by retail location at summacareotc.com . Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.	
	\$85 allowance per quarter	\$65 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"> • 24-Hour Nurse Line • QuitCare • Health Manager powered by WebMD® 	<ul style="list-style-type: none"> • Enhanced Condition and Care Management Programs

Summary of Benefits

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

Bene-Flex Supplemental Benefits Options

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



Tier 1 (Pick 3)		
Therapeutic Massage Therapy	Includes up to 10 therapeutic massage therapy visits performed by in-network providers. Service requires a provider referral before use.	
	\$0 copay	\$0 copay
Acupuncture Services	Includes up to 10 general acupuncture visits performed by in-network providers. Visits must be scheduled through HOMELINK.	
	\$0 copay	\$0 copay
Fitness Tracker	One Fitbit® fitness tracker per calendar year. Must be ordered through SummaCare's vendor, Tivity Health.	
	\$0 copay	\$0 copay
Toenail Trimming	Includes up to six visits per calendar year performed by an in-network podiatrist.	
	\$0 copay	\$0 copay
Nutrition Coaching	Up to four visits via Teladoc per calendar year for medical nutrition coaching services. If additional coaching services are needed, they can be provided by a SummaCare registered dietitian.	
	\$0 copay	\$0 copay
BrainHQ	Members have access to BrainHQ™, 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. You can use BrainHQ on almost any computer or mobile device.	
	\$0 copay	\$0 copay

Summary of Benefits

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

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

Tier 2 (Pick 1) Pick 1		
SilverSneakers®	Fitness membership at more than 17,000 participating fitness locations.	
	\$0 copay	\$0 copay
Papa Pals	Hang Out and Help Out. You're covered for up to 80 hours of assistance and/or companionship with a Papa Pal. Papa pairs older adults and families with Papa Pals for companionship and assistance with everyday tasks. Get help around the house, including light housework, a ride to the doctor's office, pharmacy (or anywhere around town), help with errands or simply someone to talk to. Providing support to SummaCare Medicare Advantage members also offers relief and respite to caregivers. Up to 80 hours of assistance.	
	\$0 copay	\$0 copay
Chiropractic Care	Includes up to 10 visits for all manipulations from in-network chiropractors.	
	\$0 copay	\$0 copay
Transportation	You're covered for up to 24 one-way trips to medical appointments. Most trips can be scheduled in as little as 15 minutes and you can see providers throughout SummaCare's 33-county service area. Trips must be scheduled through SummaCare's transportation vendor, HOMELINK. Note: SummaCare's transportation vendor may utilize other ride share vendors like Lyft and Uber to fulfill your transportation request.	
	\$0 copay	\$0 copay
Indoor Air Quality	Requires a diagnosis of COPD – including asthma, chronic bronchitis and/or emphysema. One air purifier per calendar year. Benefit available to members who have an identified high risk of adverse health outcomes due to chronic respiratory conditions, participate with Care Management Services, or who meet program criteria. The purifier must be obtained through HOMELINK.	
	\$0 copay	\$0 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Meal Delivery – Post Discharge	Member Selecting Meal Delivery Must Choose One Option: Post Discharge Meal Delivery OR Chronic Care Meal Delivery. Up to 28 post-discharge healthy, fully prepared, nutritious meals created by chefs and registered dietitians and delivered directly to your home. Meals must be obtained through Mom's Meals.	
	\$0 copay	\$0 copay
Meal Delivery – Chronic Care	Requires a diagnosis of diabetes mellitus and/or congestive heart failure. Up to 84 meals. Meals must be obtained through Mom's Meals.	
	\$0 copay	\$0 copay

Tier 3 (Pick 1) Pick 1		
Flex Card for Vision, Dental & Hearing	You'll receive an additional \$550 allowance for vision, dental & hearing services on your SummaCare VISA card to lower your out-of-pocket expenses.	
	You pay nothing.	You pay nothing.
Healthy Grocery/Pantry	Requires a diagnosis of diabetes mellitus and/or congestive heart failure. Up to \$40 per month on your SummaCare VISA card can be used towards the purchase healthy grocery items at participating retailers nationwide.	
	\$0 copay	\$0 copay
Personal Emergency Response System (PERS)	Receive a GPS-enabled device through ConnectAmerica which will provide 24/7 emergency assistance and care.	
	\$0 copay	\$0 copay
Home Safety Devices	Up to \$400 per calendar year for home safety devices such as grab bars, shower stools and more.	
	\$0 copay	\$0 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Optional Supplemental Dental	<p>If you elect to enroll in this optional supplemental dental plan, you'll pay an additional \$35 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 per benefit year. This includes your preventive 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 50. 	
	Inlays/Onlays:	
	50% coinsurance	50% coinsurance
	Periodontal Maintenance:	
	50% coinsurance	50% coinsurance
	Periodontal Non-Surgical Procedures:	
	50% coinsurance	50% coinsurance
	Periodontal Surgical Procedures:	
	50% coinsurance	50% coinsurance
	Denture Relines/Repairs:	
	50% coinsurance	50% coinsurance
	Bridge Repairs:	
	50% coinsurance	50% coinsurance

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Optional Supplemental Dental Continued		
Optional Supplemental Dental	Surgical Extractions/Oral Surgery:	
	50% coinsurance	50% coinsurance
	Brush Biopsy:	
	50% coinsurance	50% coinsurance
	Occlusal Guards/Occlusal Adjustments:	
	50% coinsurance	50% coinsurance
	General Anesthesia or IV Sedation when medically necessary:	
	50% coinsurance	50% coinsurance



Jade with Bene-Flex™

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

What do we cover?

SummaCare Medicare Advantage plans cover everything Original Medicare covers and more. All of our plans (except Amber (HMO) include Medicare (Part D) prescription drugs. You can see the complete plan formulary (list of covered drugs) and any restrictions on our website by visiting **summacare.com/find-your-drug** 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 and what stage of the benefit you have reached. Later in this document, we discuss the Part D Coverage Stages: Part D deductible, Initial Coverage Stage, Coverage Gap Stage and Catastrophic Coverage Stage.

Which providers, hospitals and pharmacies can I use?

SummaCare Medicare Jade has a network of providers, hospitals and pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for these services – except for emergency, urgent and out-of-area renal dialysis services. Out-of-network/non-contracted providers are under no obligation to treat SummaCare members, except in emergency situations. Please call our Member Services number or request an Evidence of Coverage (EOC) document for more information, including the cost sharing that applies to out-of-network services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider directory on our website, **summacare.com/medicare**, 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, please 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 **1.800.MEDICARE (1.800.633.4227)**, 24 hours a day, 7 days a week. TTY users should call **1.877.486.2048**.

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:

- **1.800.MEDICARE (1.800.633.4227)**, 24 hours a day, 7 days a week. TTY/TDD users call **1.877.486.2048**.
- The Social Security Administration at **1.800.772.1213**, Monday – Friday, 7 a.m. to 7 p.m. TTY/TDD users call **1.800.325.0778**.

Jade with Bene-Flex™

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




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

Here's how it works:

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



Build your own package of benefits

Core Benefits	Tier 1 (Pick 3) 	Tier 2 (Pick 1) 	Tier 3 (Pick 1) 
<ul style="list-style-type: none"> • Dental • Vision • Hearing • OTC • Assist America® • Visitor/Travel 	<ul style="list-style-type: none"> • Massage Therapy* <ul style="list-style-type: none"> • 10 visits • Acupuncture <ul style="list-style-type: none"> • 10 visits • Fitness Tracker <ul style="list-style-type: none"> • Fitbit® • Toenail Trimming <ul style="list-style-type: none"> • 6 times per year • Nutrition Coaching <ul style="list-style-type: none"> • 4 visits • BrainHQ Memory Fitness <ul style="list-style-type: none"> • Annual subscription 	<ul style="list-style-type: none"> • SilverSneakers® • Papa Pals <ul style="list-style-type: none"> • 80 hours • Chiropractic Care <ul style="list-style-type: none"> • 10 visits • Transportation <ul style="list-style-type: none"> • 24 one-way trips • Indoor Air Quality <ul style="list-style-type: none"> • Air purifier** • Meal Delivery*** <ul style="list-style-type: none"> • Post-Discharge – 28 meals; or • Chronic Care – 84 meals 	<ul style="list-style-type: none"> • Flex Card for Vision, Dental & Hearing <ul style="list-style-type: none"> • \$550 additional allowance on your SummaCare Visa to lower out-of-pocket expenses • Healthy Grocery Allowance*** <ul style="list-style-type: none"> • \$40 monthly allowance on your SummaCare Visa • PERS (Personal Emergency Response System) • Home Safety Devices <ul style="list-style-type: none"> • \$400 allowance, not limited by diagnosis

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

**Requires a diagnosis of COPD - including asthma, chronic bronchitis and/or emphysema.

***Requires a diagnosis of diabetes mellitus and/or congestive heart failure.

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



Core Benefits

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



Dental
through
Dental Dental



Hearing Aid
Coverage



Assist
America®



Vision
Coverage



Over-the-Counter
(OTC) Items



Travel
Coverage

Choose from the following benefits to complete your coverage:

Tier 1 (Pick 3)

Pick
3

Therapeutic Massage Therapy*

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

Acupuncture Services

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

Fitness Tracker

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

Toenail Trimming

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

Nutrition Coaching

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

BrainHQ Memory Fitness

Members have access to BrainHQ™, 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. You can use BrainHQ on almost any computer or mobile device.



Tier 2 (Pick 1)

Pick
1

SilverSneakers®

SilverSneakers® Fitness Program (at participating gyms): SilverSneakers can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations (these locations are not owned or operated by Tivity Health or its affiliates and the use of facilities and amenities at these locations is limited to the terms and conditions of the location's basic membership). You have access to a nationwide network of participating locations where you can take classes and use exercise equipment and other amenities. Enroll in as many locations as you like, at any time. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. You also have access to instructors who lead specially designed group exercise classes in-person and online, seven days a week.

Papa Pals

Hang Out and Help Out. You're covered for up to 80 hours of assistance and/or companionship with a Papa Pal. Papa pairs older adults and families with Papa Pals for companionship and assistance with everyday tasks. Get help around the house, including light housework, a ride to the doctor's office, pharmacy (or anywhere around town), help with errands or simply someone to talk to. Providing support to SummaCare Medicare Advantage members also offers relief and respite to caregivers.

Chiropractic Visits

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

Transportation

You're covered for up to 24 one-way trips to medical appointments. Most trips can be scheduled in as little as 15 minutes and you can see providers throughout SummaCare's 33-county service area.

Indoor Air Quality**

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

Post-Discharge or Chronic Care*** Meal Delivery

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

Tier 3 (Pick 1)

Pick
1

Flex Card for Vision, Dental & Hearing

Up to \$550 Benefit Bucks on your SummaCare Visa card to be used to pay dental, hearing or vision providers directly for any out-of-pocket expenses you may incur. The card is not a credit card. The debit card may not be redeemed for cash or used to pay for another individual's expenses. Unused balances will not roll over to the next calendar year. If a provider does not accept debit card payments or if there is a card transaction failure, members may submit a claim form for reimbursement along with the original printed, itemized provider receipt. Claims must be submitted within 90 days of the date of service on the receipt.

Healthy Grocery/Pantry***

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

PERS

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

Home Safety Devices

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

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

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

**Requires a diagnosis of COPD - including asthma, chronic bronchitis and/or emphysema.

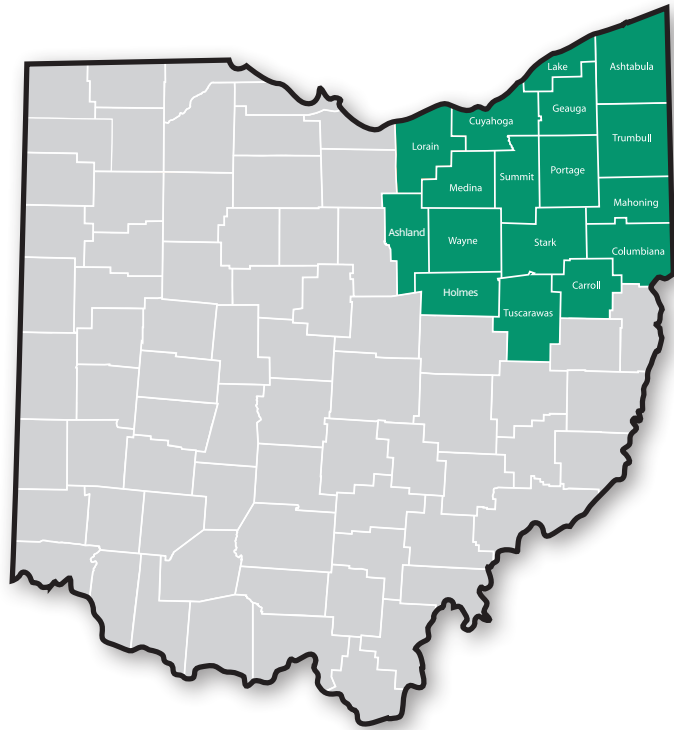
***Requires a diagnosis of diabetes mellitus and/or congestive heart failure.

Jade HMO Plans

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

SummaCare Medicare Jade NE (HMO) \$20 Monthly Premium

This plan is available to residents living in the 17 shaded counties on the map to the right. If you live in a county named on the map, you are eligible to enroll in this HMO plan.



SummaCare Medicare Jade NW (HMO) \$20 Monthly Premium

This plan is available to residents living in the 11 shaded counties on the map to the left. If you live in a county named on the map, you are eligible to enroll in this HMO plan.

Sapphire (HMO-POS)

Emerald (HMO-POS)



Summary of Benefits Sapphire, Emerald (POS-HMO)

Plan Year January 1, 2024 through December 31, 2024

SummaCare Medicare Sapphire (HMO-POS) (H3660_029)

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

SummaCare Medicare Emerald (HMO-POS) (H3660_028)

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

SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. H3660_SC426_M Accepted 09182023

Summary of Benefits

KEY BENEFITS

Acupuncture Services	82
Ambulance	79
Assist America®	83
Chiropractic Care	83
Dental Services	76
Diabetes Monitoring Supplies	84
Diagnostic Services	75
Emergency Care	74
Health and Wellness Programs and Services	86
Hearing Services	76
Home Health Care	84
Home Safety Devices	83
Hospice	84
Hospital – Inpatient	73
Hospital – Outpatient	73
Lab Services	75
Meal Delivery	83
Medical Equipment/Supplies	84
Medicare Part B Drugs	79
Mental Health Services	78
Opioid Treatment Program Services	85
Optional Supplemental Dental	87
Over-the-Counter (OTC) items	85
Papa Pals	83
Part D Prescription Drugs	80
Partial Hospitalization	85
Podiatry Services	83
Preventive Care	74
Prosthetic Devices	84
Provider Visits	73
Radiology Services	75
Rehabilitation and Physical Therapy	79
Renal Dialysis	85
Skilled Nursing Facility	78
Substance Abuse – Outpatient	84
Telehealth Services	82
Therapeutic Massage	83
Transportation	79
Visitor/Travel Coverage	83
Urgent Care	74
Vision Services	77
X-Rays – Outpatient	75

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Monthly Plan Premium	You must continue to pay your Medicare Part B premium.	
	You pay \$79	You pay \$169
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. 	
	\$3,550	\$3,400
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: \$250 copay Out-of-network: 20% of the cost	In-network: \$175 copay Out-of-network: 20% of the cost
	Observation services: In-network: \$250 copay Out-of-network: 20% of the cost	In-network: \$175 copay Out-of-network: 20% of the cost
Ambulatory Surgical Center	In-network: \$250 copay Out-of-network: 20% of the cost	In-network: \$175 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 Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Preventive Care (e.g., flu vaccines, diabetic screenings)	Our plan covers 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 • Prostate cancer screening and counseling • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines (including flu shots, Hepatitis B shots, pneumococcal shots) • "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
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.	
	In-network: \$25 copay per visit Out-of-network: \$25 copay per visit	In-network: \$25 copay per visit Out-of-network: \$25 copay per visit

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
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):	
	In-network: \$150 copay Out-of-network: 30% of the cost	In-network: \$100 copay Out-of-network: 30% of the cost
	Diagnostic tests and procedures:	
	In-network: \$0-\$99 copay, depending on the location Out-of-network: 30% of the cost	In-network: \$0-\$75 copay, depending on the location Out-of-network: 30% of the cost
	Lab services:	
	In-network: \$0-\$6 copay, depending on the location Out-of-network: 30% of the cost	In-network: \$0-\$4 copay, depending on the location Out-of-network: 30% of the cost
	Outpatient X-rays:	
	In-network: \$0-\$99 copay, depending on the location Out-of-network: 30% of the cost	In-network: \$0-\$75 copay, depending on the location Out-of-network: 30% of the cost
	Therapeutic radiology services (such as radiation treatment for cancer):	
	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

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare 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 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.	
	\$0 copay per visit	\$0 copay per visit
	Comprehensive Dental Services:	
	<ul style="list-style-type: none"> You pay 50% coinsurance for fillings, root canals and simple extractions. You pay 70% coinsurance for bridges, crowns 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 Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Vision Services	<p>You are covered for an annual supplemental routine eye exam each year.</p> <p>Coverage for eyeglasses and/or contact lenses provided after cataract surgery is limited to Medicare-allowed amount for Medicare-covered lenses and frames.</p> <p>In addition to an annual routine eye exam and Medicare-covered eye exams (for diagnosis and treatment for diseases and conditions of the eye), you'll receive an annual amount to use toward the purchase of frames/lenses or contact lenses – with the freedom to visit any vision provider you choose.</p>	
	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: you pay nothing.	In-network: You pay nothing. Out-of-network: you pay nothing.
	Yearly glaucoma screening:	
	In-network: You pay nothing. Out-of-network: you pay nothing.	In-network: You pay nothing. Out-of-network: you pay nothing.

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare 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. No prior hospital stay required.	
	In-network: \$0 copay per day for days 1 through 20.	
	In-network: \$0 copay per day for days 1 through 20.	
	\$188 copay per day for days 21 through 100.	
	\$188 copay per day for days 21 through 100.	
	Out-of-network: \$188 copay per day for days 1 through 100.	
	Out-of-network: \$188 copay per day for days 1 through 100.	
	Out-of-network: \$188 copay per day for days 1 through 100.	
	Out-of-network: \$188 copay per day for days 1 through 100.	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Rehabilitation and Physical Therapy	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: 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 Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Part D Prescription Drugs. The amount you pay depends on the drug's tier, what stage of the benefit you have reached, and pharmacy type or status (e.g., preferred/non-preferred, mail order, long-term care (LTC), and 30- or 90-day supply).		
Deductible	There is no deductible	There is no deductible
Initial Coverage Stage	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail-order pharmacies.	
Tier 1 (Preferred Generic)	Retail One Month: \$0 Three Month: \$0 Mail-Order Three Month: \$0	Retail One Month: \$0 Three Month: \$0 Mail-Order Three Month: \$0
Tier 2 (Generic)	Retail One Month: \$8 Three Month: \$20 Mail-Order Three Month: \$20	Retail One Month: \$8 Three Month: \$20 Mail-Order Three Month: \$20
Tier 3 (Preferred Brand)	Retail One Month: \$44 Three Month: \$110 Mail-Order Three Month: \$110	Retail One Month: \$39 Three Month: \$97.50 Mail-Order Three Month: \$97.50
Tier 4 (Non-preferred Drugs)	Retail One Month: \$100 Three Month: \$300 Mail-Order Three Month: \$300	Retail One Month: \$95 Three Month: \$285 Mail-Order Three Month: \$285
Tier 5 (Specialty)	Retail One Month: 33% Three Month: N/A Mail-Order: 33% Limited to 30-day supply	Retail One Month: 33% Three Month: N/A Mail-Order: 33% Limited to 30-day supply
Tier 6 (Select care drugs - including vaccines)	Retail One Month: \$0 Three Month: \$0 Mail-Order Three month: \$0	Retail One Month: \$0 Three Month: \$0 Mail-Order Three month: \$0

Summary of Benefits

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

Part D Prescription Drugs continued

Coverage Gap Stage	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. All Tier 1 (Preferred Generic) drugs (retail and mail-order) are covered at a \$0 copay if you enter the Coverage Gap. Tier 6 Select Care Drugs and Vaccines are also covered at a \$0 copay through the Coverage Gap.</p>
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$8,000, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>
Insulin Cost Sharing	<p>You will pay no more than \$35 for a one month supply of insulin covered under Part D.</p>

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare 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 Sapphire (HMO-POS)	SummaCare Medicare 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, 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 members who are visiting the states of Arizona, Florida or Texas receive all plan-covered services through this Visitor/Travel coverage.	
Assist America®	There is no coinsurance, copayment or deductible for emergency travel assistance services provided through Assist America.	
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 level.	
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. A list of covered equipment devices is available at summacare.com . Items must be purchased through HOMELINK. Otherwise you will be responsible for the full cost of those items and no payment will be made.	
	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 Sapphire (HMO-POS)	SummaCare Medicare 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.	
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 Lifescan:	
	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 Sapphire (HMO-POS)	SummaCare Medicare 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 	
	In-network: \$0 copay Out-of-network: \$55 copay	In-network: \$0 copay Out-of-network: \$40 copay
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>	
	In-network: \$40 copay Out-of-network: \$55 copay	In-network: \$20 copay Out-of-network: \$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 2024 OTC Product Catalog or visit summacareotc.com for a complete list of plan-approved OTC items. You may also conduct a product search by retail service at summacareotc.com. Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.</p>	
	In-network: \$80 allowance per quarter Out-of-network: Not covered	In-network: \$55 allowance per quarter Out-of-network: Not covered
Renal Dialysis	In-network: 20% of the cost Out-of-network: 20% of the cost	In-network: 20% of the cost Out-of-network: 20% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare 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 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. • 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. 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 Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Optional Supplemental Dental	If you elect to enroll in this optional supplemental dental plan, you'll pay an additional \$35 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 \$2,000 per benefit year. This includes your preventive 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 76.	
	Inlays/Onlays:	
	50% coinsurance	50% coinsurance
	Periodontal Maintenance:	
	50% coinsurance	50% coinsurance
	Periodontal Non-Surgical Procedures:	
	50% coinsurance	50% coinsurance
	Periodontal Surgical Procedures:	
50% coinsurance	50% coinsurance	
Denture Relines/Repairs:		
50% coinsurance	50% coinsurance	
Bridge Repairs:		
50% coinsurance	50% coinsurance	
Surgical Extractions/Oral Surgery:		
50% coinsurance	50% coinsurance	

Summary of Benefits

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

Optional Supplemental Dental Continued

Optional Supplemental Dental	Brush Biopsy:	
	50% coinsurance	50% coinsurance
	Occlusal Guards/Occlusal Adjustments:	
	50% coinsurance	50% coinsurance
	General Anesthesia or IV Sedation when medically necessary:	
	50% coinsurance	50% coinsurance

Things to Know About SummaCare Sapphire and Emerald

What do we cover?

SummaCare Medicare Advantage plans cover everything Original Medicare covers and more. All of our plans (except Amber (HMO)) include Medicare (Part D) prescription drugs. You can see the complete plan formulary (list of covered drugs) and any restrictions on our website by visiting **summacare.com/find-your-drug** 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 and what stage of the benefit you have reached. Later in this document, we discuss the Part D Coverage Stages: Part D deductible, Initial Coverage Stage, Coverage Gap Stage and Catastrophic Coverage Stage.

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

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:

- **1.800.MEDICARE (1.800.633.4227)**, 24 hours a day, 7 days a week. TTY/TDD users call **1.877.486.2048**.
- The Social Security Administration at **1.800.772.1213**, Monday – Friday, 7 a.m. to 7 p.m. TTY/TDD users call **1.800.325.0778**.

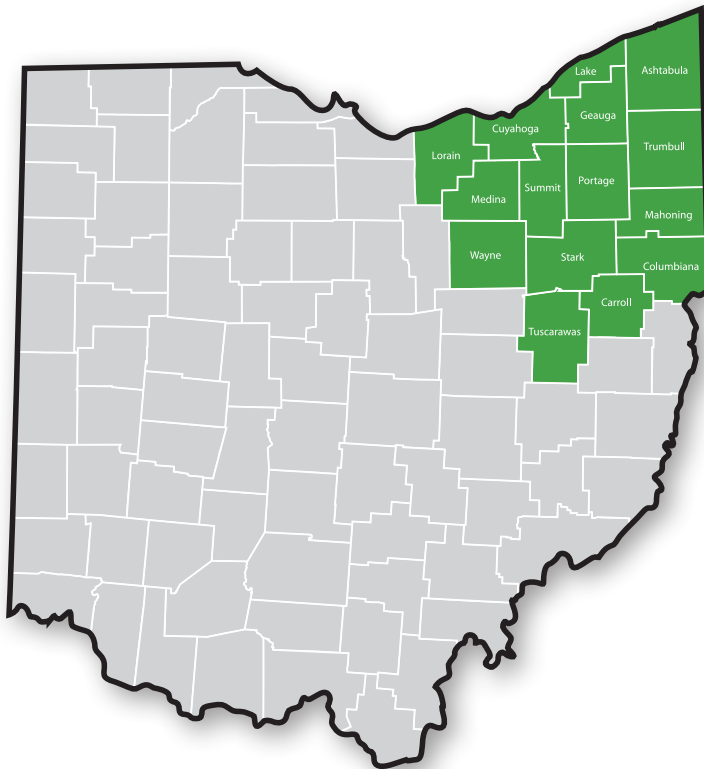
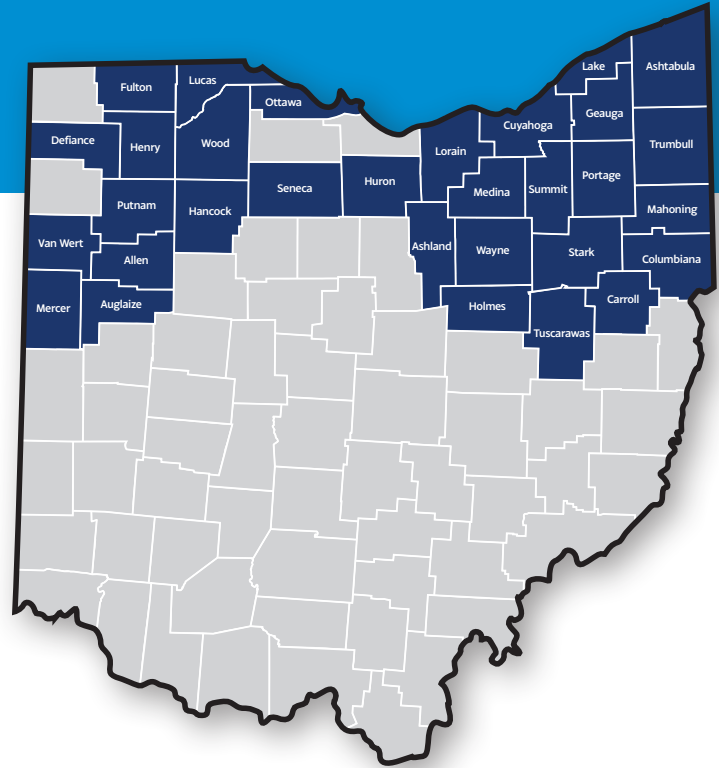
HMO-POS Plans

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

SummaCare Medicare Sapphire (HMO-POS)

\$79 Monthly Premium

This plan is available to residents living in the 31 shaded counties on the map to the right. If you live in a county named on the map, you are eligible to enroll in this plan.



SummaCare Medicare Emerald (HMO-POS)

\$169 Monthly Premium

This plan is available to residents living in the 15 shaded counties on the map to the left. If you live in a county named on the map, you are eligible to enroll in this plan.

Part D Prescription Drug Coverage



Part D Prescription Drug Coverage

All SummaCare Medicare Advantage plans include Medicare Part D prescription drug coverage for no additional monthly plan premium.

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 2024 Formulary, which lists covered drugs and their assigned tier. To view the 2024 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

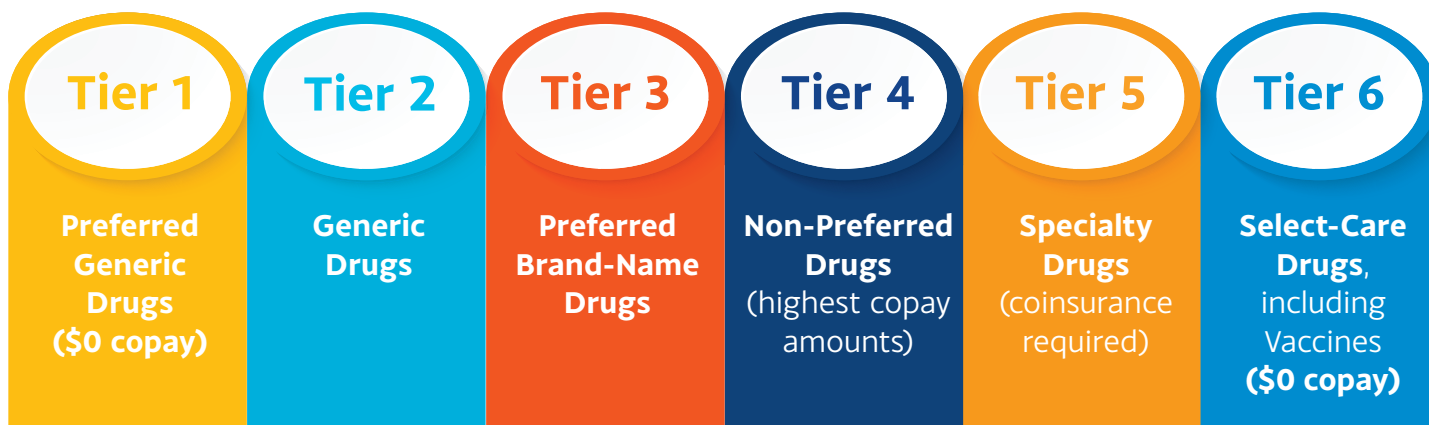
SummaCare will cover your prescriptions at in-network pharmacies under the applicable copayment amount while you travel throughout the United States. Our pharmacy network includes most national chains, plus many local, independent pharmacies. If traveling, your out-of-pocket costs may be higher if you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



No deductible on prescription drug coverage

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

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

Tier 1 and Tier 6 drugs are covered at a \$0 copay.

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



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

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

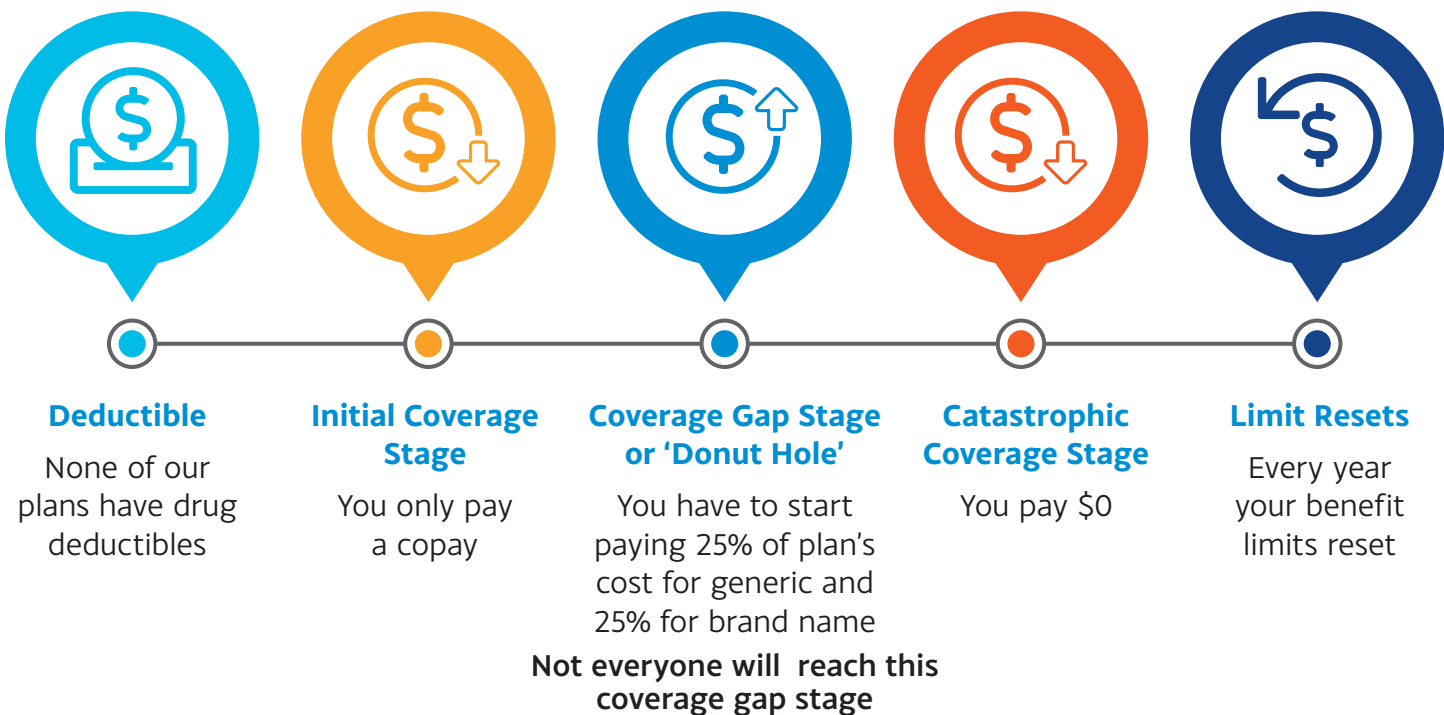
Generic Drug Name	Reference Brand Drug Name	Dosage Form
Cetirizine Hydrochloride	(Zyrtec)	Chewable Tablet, Solution, Tablets
Cetirizine Pseudoephedrine Hydrochloride	(Zyrtec-D)	12-Hour Tablet
Fexofenadine Hydrochloride	(Allegra)	12-Hour Tablet, 24-Hour Tablet, Tablet Rapids, Suspension
Fexofenadine Hydrochloride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

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

Part D Prescription Drug Coverage

Coverage Stages

When shopping for Medicare coverage, you've probably heard the term "*donut hole*." This happens when you experience a gap in Medicare prescription drug coverage and pay more out-of-pocket costs on medications – otherwise known as the "coverage gap." Not everyone will reach this coverage gap. It occurs when your total prescription drug costs reach \$5,030 for the 2024 calendar year – this is the amount of drug costs paid by SummaCare and you.



● Your Annual Deductible

All of our plans feature a \$0 deductible for pharmacy coverage, so coverage starts with the Initial Coverage Stage.

● Your Initial Coverage Stage \$0 – \$5,030

During the calendar year, you pay predictable copays or coinsurance on your prescriptions based on the tier the drug is assigned within our formulary. When your year-to-date total drug costs reach \$5,030 (the amount you've paid in copays and coinsurance, plus the amount SummaCare has paid), you will enter the coverage gap.

● The Coverage Gap

While in the coverage gap, SummaCare Medicare Advantage plans cover Tier 1 preferred generics and Tier 6 select care drugs, including Part D

vaccines, at a \$0 copay. For drugs in other Tiers, you'll pay 25% of the cost. To help reduce your costs, discounts and plan payments will apply to all of your prescriptions. If you receive extra help for prescriptions, your costs may be even lower.

● Catastrophic Coverage \$8,000

This phase is designed to help individuals with extremely high drug costs. Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

Insulin Cost Sharing

You will pay no more than \$35 for a one month supply of insulin covered under Part D or Part B. Insulin administered via a durable medical equipment pumps, cost sharing is subject to a cap of \$35 for one-month's supply of insulin.

Part D Prescription Drug Coverage

Frequently Asked Questions

Does SummaCare offer a mail-order pharmacy?

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

How can I reduce my prescription drug costs?

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

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

- **Check if you qualify for extra help.** People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, you can get assistance paying for your Part D monthly premium, annual Part D deductible, coinsurance, copayments and you are not subject to the coverage gap, also known as the Medicare "donut hole." Learn more by calling your local Social Security office or **1.800.MEDICARE (800.633.4227)**, 24 hours a day, seven days a week. Persons with hearing impairments should call TTY 877.486.2048.

Are vaccines covered?

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

- COVID-19
- Influenza (Flu)
- Pneumonia

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

- Shingles
- Tetanus
- MMR

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

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

To find out if you qualify, visit summacare.com/medicare to view the 2024 MTM program information.



summacare.com/medicare

How to Enroll



Medicare Enrollment Periods

Annual Enrollment Period

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

Special Enrollment Period

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

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

Initial Enrollment Period

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

Open Enrollment Period

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

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

Who is eligible to enroll in a SummaCare plan?

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

SummaCare's 33-County Service Area

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

Ways to Enroll



Call Us

Enroll over the telephone by calling your personal representative or **330.996.8440** or (toll free) **888.464.8440** and we will do the paperwork for you. From October 1 through March 31, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., seven days a week. From April 1 through September 30, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., Monday through Friday. Outside these hours, you may leave us a message and a representative will return your call the next business day. Persons with hearing impairments may call **TTY 711**.



Go Online

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



Mail Us Your Paperwork

Complete an enrollment form and mail to:
SummaCare Medicare Advantage
P.O. Box 3620
Akron OH 44309-3620



Scan this QR Code

to enroll online



Important Reminders

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



Easy Ways to Pay Your SummaCare Medicare Plan Premium

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

1. Premium withhold from your Social Security check

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

2. Direct Debit/Credit

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

3. Online Bill Pay

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

4. Phone or Mail

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

After you enroll

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

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



summacare.com/medicare

SUM-23-64462/CS/TZ/09-23