



2026 SummaCare Medicare Part D Transition Process

As a new or continuing SummaCare Medicare member, you are probably taking prescription drugs that are covered on the SummaCare Medicare Formulary (list of covered drugs). However, there are some drugs that are **not** covered under the SummaCare Medicare Formulary. You may find that a drug that was covered last year has been removed from our 2026 Formulary. Or, you may be taking a drug that is on our Formulary but your ability to get it is limited due to a Prior Authorization (PA), Step Therapy (ST) or Quantity Limit (QL) requirement.

If this happens to you, SummaCare Medicare will provide a transition process that will give you time to work with your health care provider to switch to a therapeutically equivalent prescription drug on our Formulary or to complete the Formulary Exceptions process.

SummaCare Medicare members who are eligible to use the Transition Process include:

- New enrollees into prescription drug plans following the annual coordinated election period;
- Newly eligible Medicare beneficiaries from other coverage;
- Enrollees who switch from one plan to another after the start of a contract year;
- Current enrollees affected by negative formulary changes across contract years; and
- Enrollees residing in long-term care (LTC) facilities.

How do I receive my Transition supply?

Retail or mail-order pharmacy setting

For each of your prescription drugs that are **not** on our Formulary (or if your ability to get your drugs is limited), we will cover at least a one time temporary fill of at least a month's supply of medication anytime during the first 90 days of your enrollment with SummaCare Medicare. If your prescription is written for fewer days, we will allow multiple fills to provide up to at least a month's supply of medication. The prescription must be filled at a network pharmacy.

After we cover your temporary supply as described above, we will not continue to pay for these drugs, even if you have been a SummaCare Medicare member for less than 90 days **unless you have been granted an exception.**

Long-term care setting

If you are a resident of a long-term care facility, we will cover at least a one time temporary fill of at least a month's supply of medication. If your prescription is written for fewer days, we will allow multiple fills to provide up to at least a month's supply of medication. (Please note that the long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.)

If you need a prescription drug that is **not** on our Formulary (or if your ability to get your drugs is limited), and you are **past** the first 90 days of your SummaCare Medicare membership, we will cover at least a one time temporary fill of at least a month's emergency supply of that prescription drug (unless you have a prescription written for fewer days) while you pursue a Formulary Exception.

Level of care changes

If you are a current member of SummaCare Medicare and experience a change in your level of care from one treatment setting to another, we will cover a transition supply of each prescription drug that is either not on our Formulary or covered on our Formulary but also subject to certain requirements or limits on coverage. At least a one time temporary fill of at least a month's supply of medication will be provided to current long-term care enrollees who enter into a facility from another care setting. This transition supply is not limited to initial enrollment only.

How do I change my prescription?

If your drug is either not covered on our Formulary or covered under our Formulary with Prior Authorization (PA), Step Therapy (ST) or Quantity Limit (QL) requirements, you can ask us if we cover another drug used to treat your medical condition. If we cover another drug for your condition, we encourage you to ask your physician if the drugs that we cover are an option for you. If your physician tells you that none of the drugs we cover for treating your condition are medically appropriate, you have the right to request an exception from us. You also have the right to request an exception if your physician tells you that a Prior Authorization (PA), Quantity Limit (QL) or other limit we have placed on a drug you are taking is not medically appropriate for treating your condition.

How do I request an exception?

The first step in requesting an exception is for you to ask your prescribing physician to contact our Pharmacy Benefit Manager (PBM), MedImpact, by calling 877.391.1109 (TTY 711), writing to them at: MedImpact Healthcare Systems, Inc., 10181 Scripps Gateway Court, San Diego, CA 92131 or faxing the request to 858.790.7100. A Coverage Determination Request Form is also available on the SummaCare Medicare website. This form can be filled out online and submitted electronically to MedImpact. Please visit summacare.com/medicare-members for more information.

Your physician must submit a statement supporting your request. The physician's statement must indicate that the requested drug is medically necessary for treating your condition because none of the drugs we cover would be as effective as the requested drug or would have adverse effects for you. If the exception involves a Prior Authorization (PA), Quantity Limit (QL) or other limit we have placed on that drug, the physician's statement must indicate that the limit would not be appropriate given your condition or would have adverse effects for you.

Once the physician's statement is submitted, we will review all standard requests and notify you no later than 72 hours with a decision. If the request is an expedited request, we will notify you within 24 hours. Your request will be expedited if we determine (or your physician informs us) that your life, health or ability to regain maximum function may be seriously jeopardized by waiting for a standard request.

What if my request is denied?

If your request is denied, you have the right to appeal by asking for a review of the prior decision. You must request this appeal within 65 calendar days from the date of our first decision. You must file a standard request in writing or by fax/email. We accept expedited requests by telephone, fax and in writing at:

- Mailing Address: SummaCare, Attn: Appeals Department, P.O. Box 1107, Akron, OH 44309-1107
- Fax Number: 330.996.8545
- Phone Number: 800.996.6250 or TTY 711
- Email: Appeals@summacare.com

If you need assistance requesting an exception or for more information about our Transition Policy (including requests to receive this policy in alternate formats or languages), please call SummaCare Medicare Member Services at 330.996.8885 or (toll free) 800.996.6250. TTY users should call 711. From April 1 through September 30, a representative will be available to speak with you from 8 a.m. to 8 p.m., Monday through Friday. Beginning October 1 through March 31, a representative will be available to speak with you from 8 a.m. to 8 p.m., seven days a week.

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