



SummaCare®

Health Insurance

2027 Medicare Advantage Plans

# Exploration Guide

**Quartz & Topaz  
(HMO) Plans**





# Begin Your Personal SummaCare Journey

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

SummaCare offers Medicare Advantage MAPD plans that are considered “all-in-one” because they include your medical, prescription drugs, dental, vision and other healthcare coverage all in one convenient budget-friendly plan. This booklet specifically explores the Quartz (HMO) and Topaz (HMO) MAPD plans.

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.

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**Linda I.**  
Member Since 2021

# Go Beyond Basic Medicare with Valuable Extra Benefits

Our plans cover everything that Original Medicare covers and more!



### SummaCare &more card

Every member will receive a SummaCare &more card with which to spend your quarterly over-the-counter (OTC) allowances and earned preventive care rewards at preferred participating retailers. OTC amounts vary based on plan chosen.

**\*\***Earned preventive care rewards are loaded automatically to a member's SummaCare &more card approximately 90 days after claims are paid.

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



### Enhanced Dental Coverage through the Delta Dental Network!

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



### See an In-Network Vision Provider of Your Choice

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



### Choose the Hearing Aid that's Best for You

You're covered for one hearing aid per ear every year; choose from a wide variety of hearing aids and only pay a copay per hearing aid that varies depending on the model selected. Amplifon Hearing Health Care does have additional hearing-aid models available for purchase at a discounted rate.

Hearing aid costs per model level selected:

|                 |                   |                    |
|-----------------|-------------------|--------------------|
| Level 1 – \$395 | Level 3 – \$1,195 | Level 5 – \$1,895. |
| Level 2 – \$695 | Level 4 – \$1,495 |                    |



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

Use your SummaCare &more card to stock up and save on everyday non-prescription health essentials– and more–when you shop! Your OTC quarterly allowance can be used to shop for eligible items in person at participating retailers nationwide. Your SummaCare Medline catalog can be used to order items for home delivery.

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



### Earned Preventive Care Rewards

All SummaCare Medicare Advantage members get rewarded for prioritizing their health. Rewards can be earned for important health visits such as an Annual Wellness Visit (\$50), Breast Cancer Screening (\$10) and Colorectal Cancer Screening (\$10). Rewards are loaded onto a SummaCare &more card approximately 90 days after claims are paid. Members can shop for a variety of eligible items in person at preferred participating retailers. Exclusions apply to alcohol, tobacco, firearms, fuel, lottery and gift cards.

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



### BrainHQ Memory Fitness

In the simplest of terms, BrainHQ is an online, evidence-based program to address your overall brain health. BrainHQ has dozens of exercises that have been scientifically proven to help people think faster, focus better and remember more. BrainHQ adjusts to meet the needs of your unique brain over time; providing the best exercises at the right pace your brain needs to be at its sharpest.



This benefit is not available on the below plans:

**QUARTZ**  
(HMO)

**TOPAZ**  
(HMO)



### Papa Pals

Papa pairs our members with a Papa Pal for companionship and assistance with everyday tasks. Get help around the house, including light housework, a ride to your provider's office, pharmacy (or anywhere around town), technology assistance, help with errands or simply someone to talk to. When a Papa Pal supports a SummaCare Medicare Advantage member, they're also offering relief and respite to caregivers who need it.

This benefit is not available on the below plans:

**QUARTZ**  
(HMO)

**TOPAZ**  
(HMO)



### Travel Coverage

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

Note: You still must use SummaCare network providers for Part D prescription drugs (Part D prescription coverage not included on Amber (HMO) plan) and certain supplemental benefits for in-network coverage to apply. Our plans also have built-in **worldwide emergency, urgent care coverage** and ambulance services, too, so you can travel close to home or around the world, worry-free.



### Meal Delivery

You are covered for nutritious, fully prepared meals created by chefs and registered dietitians that fuel healthy living! Following a hospital stay, or if you are diabetic with an A1C over 8, you can receive home-delivered, nutritious meals to help you focus on rest and recovery.

This benefit is not available on the below plans:

**QUARTZ**  
(HMO)

**TOPAZ**  
(HMO)



### Prescription Coverage

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

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

**AMBER**  
(HMO)



### SilverSneakers®

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

SilverSneakers is a registered trademark of Tivity Health, Inc. The SilverSneakers simplified flair shoe logotype is a trademark of Tivity Health, Inc. ©2025 Tivity Health, Inc. All rights reserved.



### Telehealth Services

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



### Diabetes Supplies

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



### Home Safety Devices

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

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

**QUARTZ**  
(HMO)



### Transportation

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

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

**TOPAZ**  
(HMO)



ConnectAmerica

### **PERS (Personal Emergency Response System)**

The PERS (Personal Emergency Response System) benefit, offered through ConnectAmerica, provides 24/7 emergency assistance and care, increasing safety, independence and extending quality of life while enabling individuals to safely age in place (GPS-enabled to work outside the home).

This benefit is not available on the below plans:

**AMBER**  
(HMO)

**QUARTZ**  
(HMO)

**TOPAZ**  
(HMO)

**RUBY**  
(HMO)

**SAPPHIRE**  
(HMO-POS)

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

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**Greg W.**  
Member Since 2020

# Shop at local and national retail partners with your SummaCare &more card

Use your OTC allowance and earned preventive care rewards to stock up and save on everyday health essentials—and more—when you shop!



## ① Over-the-Counter (OTC) Allowance

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

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

Your OTC allowance can be used to shop in person at participating retailers nationwide. OTC cannot be used for retailer shopping online.

Members can order health-related items for home delivery via SummaCare's Medline catalog over the phone, online, or through the OTC-Anywhere mobile app.

To order home delivery:

- Visit **[summacare.com/overthecounter](https://summacare.com/overthecounter)**
- Use the andmore mobile app
- Call **855.263.6673** (TTY **711**) and place your order over the phone, available weekdays from 8:00 a.m. to 8:00 p.m. EST, excluding holidays

## 2 Earned Preventive Care Rewards

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

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

Use your earned preventive care rewards at participating retailers for a variety of items in store excluding alcohol, tobacco, firearms, fuel, lottery or gift cards. Members can also order online, by phone, through the andmore mobile app and from the catalog.

Walmart



Walgreens



Note: Items purchased through these retailers will only be covered if purchased in-store and not online through their website.

Rewards are loaded automatically to your SummaCare &more card approximately 90 days after claims are paid. &more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard Incorporated. Use of this card is subject to the terms and conditions of the Cardholder Agreement.



# Health & Wellness Programs

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



## 24-Hour Nurse Line

You'll have access to a registered nurse 24 hours a day, seven days a week who can answer your non-emergent health concerns.



## Health Coaching and Condition Management

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



## QuitCare

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



## Preventive Health Reminders and Incentives!

Do you sometimes forget to schedule regular checkups? 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.

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## Plus, many enhanced care management programs!

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

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**Lavell P.**  
Member Since 2018

# Provider Network

# Provider Network

# Medicare Advantage Service Area and Network

Access to thousands of providers  
across northern Ohio!



Other providers are available in our network.

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

## Provider Network - SCMedicare Network Hospitals by County

### Allen

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

### Ashland

- University Hospitals
  - Samaritan Medical Center

### Ashtabula

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

### Columbiana

- Salem Regional Medical Center

### Cuyahoga

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

### Defiance

- Mercy Health
  - Defiance Hospital

### Erie

- Firelands Regional Medical Center

### Fulton

- Fulton County Health Center

### Geauga

- University Hospitals
  - Geauga Medical Center

### Hancock

- Blanchard Valley Hospital

### Holmes

- Pomerene Hospital

### Huron

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

### Lake

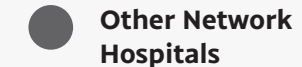
- Cleveland Clinic
  - Hillcrest Hospital at Mentor
  - Medical Outpatient Center
- Lake Health
  - TriPoint Medical Center
  - West Medical Center

### Lorain

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

### Lucas

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



### Mahoning ●●

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

### Medina ●

- Cleveland Clinic
  - Lodi Hospital
  - Medina Hospital
- MetroHealth
  - Medina Health Center (Reagan Parkway)
  - Brunswick Health Center

### Portage ●

- University Hospitals
  - Portage Medical Center

### Sandusky ●

- Promedica Memorial Hospital

### Seneca ●

- Mercy Health
  - Tiffin Hospital

### Stark ●●

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

### Summit ●●●●

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

### Trumbull ●

- St. Joseph Warren Hospital

### 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/providersearch](https://summacare.com/providersearch)**. Our online provider search is updated on a daily basis. This provides the most current listing of our provider network including providers in the Delta Dental network.
- Call us at **888.464.8440 (TTY 711)** and we'll help you find a provider.
- If you would like a Provider Directory mailed to you, you may call the number above or request one through our website at **[summacare.com/medicare](https://summacare.com/medicare)**.

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

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

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

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

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

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

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

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

If you're traveling outside of the service area, all SummaCare Medicare Advantage plans offer coverage anywhere in the country for emergency, urgent care and ambulance services. All members of SummaCare Medicare Advantage plans receive coverage when visiting a Medicare-participating provider in Arizona, Florida and Texas at the in-network level. Quartz (HMO), Topaz (HMO) and Ruby (HMO) also have benefits that allow for coverage when visiting a Medicare-participating provider while in North or South Carolina.

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

If traveling, your out-of-pocket costs may be higher if you fill a prescription at an out-of-network pharmacy. Our Preferred Pharmacy network includes most major pharmacy chains and many independent pharmacies. Walgreens is our only standard in-network pharmacy. To search for a pharmacy, visit our website at **[summacare.com/find-your-pharmacy](https://summacare.com/find-your-pharmacy)**.

# Summaries of Benefits

# Summaries of Benefits



# Summary of Benefits

## Quartz (HMO), Topaz (HMO)

Plan Year January 1, 2027, through December 31, 2027

### SummaCare Medicare Advantage Quartz (HMO) (H3660\_057)

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

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

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

SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. H3660\_SC2731\_M 08272026

## Summary of Benefits

| Premiums and Benefits                | SummaCare Medicare Advantage Quartz (HMO)                                                                                                                                                                                                                                                                   | SummaCare Medicare Advantage Topaz (HMO)                            |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Monthly Plan Premium                 | You must continue to pay your Medicare Part B premium.                                                                                                                                                                                                                                                      |                                                                     |
|                                      | You pay \$0                                                                                                                                                                                                                                                                                                 | You pay \$17                                                        |
| Medical Deductible                   | \$0 copay.                                                                                                                                                                                                                                                                                                  | \$0 copay.                                                          |
| Maximum Out-of-Pocket Responsibility | <ul style="list-style-type: none"> <li>Does not include prescription drugs.</li> <li>Includes copays and other costs for medical services throughout the year. Copays for hearing aids, dental services or costs members pay for vision hardware do not count towards the maximum out-of-pocket.</li> </ul> |                                                                     |
|                                      | \$5,200                                                                                                                                                                                                                                                                                                     | \$4,650                                                             |
| Inpatient Hospital Coverage          | Our plan pays for an unlimited number of days for an inpatient hospital stay.                                                                                                                                                                                                                               |                                                                     |
|                                      | \$395 copay per day for days 1 through 6.<br>\$0 copay after day 6.                                                                                                                                                                                                                                         | \$370 copay per day for days 1 through 6.<br>\$0 copay after day 6. |
| Outpatient Hospital Coverage         | <b>Outpatient hospital:</b>                                                                                                                                                                                                                                                                                 |                                                                     |
|                                      | \$325 copay                                                                                                                                                                                                                                                                                                 | \$340 copay                                                         |
|                                      | <b>Observation services:</b>                                                                                                                                                                                                                                                                                |                                                                     |
|                                      | \$325 copay                                                                                                                                                                                                                                                                                                 | \$340 copay                                                         |
| Ambulatory Surgical Center           | \$270 copay                                                                                                                                                                                                                                                                                                 | \$290 copay                                                         |
| Provider Visits                      | You are not required to receive authorization before seeking care from any specialists.                                                                                                                                                                                                                     |                                                                     |
|                                      | <b>Primary care provider visit:</b>                                                                                                                                                                                                                                                                         |                                                                     |
|                                      | \$0 copay                                                                                                                                                                                                                                                                                                   | \$0 copay                                                           |
|                                      | <b>Specialist visit:</b>                                                                                                                                                                                                                                                                                    |                                                                     |
|                                      | \$35 copay                                                                                                                                                                                                                                                                                                  | \$35 copay                                                          |

## Summary of Benefits

| Premiums and Benefits                                               | SummaCare Medicare Advantage Quartz (HMO)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SummaCare Medicare Advantage Topaz (HMO) |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>Preventive Care</b><br>(e.g., flu vaccines, diabetic screenings) | <b>Our plans cover many preventive services, including:</b> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Annual Wellness Visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Pre-exposure prophylaxis (PrEP) for HIV prevention</li> <li>• Prostate cancer screening and counseling</li> <li>• Screening for Hepatitis C Virus infection</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines (including flu, Hepatitis B, pneumococcal)</li> <li>• "Welcome to Medicare" preventive visit (one-time)</li> </ul> |                                          |
|                                                                     | \$0 copay.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$0 copay.                               |
| <b>Emergency Care</b>                                               | If you are admitted to the hospital within 24 hours, you do not have to pay the copay. Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |
|                                                                     | \$130 copay per visit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$130 copay per visit                    |
| <b>Urgently Needed Services</b>                                     | 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<br><br>Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |
|                                                                     | \$30 copay per visit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$30 copay per visit                     |

## Summary of Benefits

| Premiums and Benefits                   | SummaCare Medicare Advantage Quartz (HMO)                                                                                                                                          | SummaCare Medicare Advantage Topaz (HMO)    |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>Diagnostic Services/Labs/Imaging</b> | The copay is based on where the procedure takes place. You pay a lower copay at a provider's office (office visit copay may apply). You pay a higher copay at all other locations. |                                             |
|                                         | <b>Diagnostic radiology service (e.g., MRI):</b>                                                                                                                                   |                                             |
|                                         | \$200 copay                                                                                                                                                                        | \$175 copay                                 |
|                                         | <b>Diagnostic tests and procedures:</b>                                                                                                                                            |                                             |
|                                         | \$0-\$125 copay, depending on the location                                                                                                                                         | \$0-\$125 copay, depending on the location  |
|                                         | <b>Lab services:</b>                                                                                                                                                               |                                             |
|                                         | \$0-\$15 copay, depending on the location                                                                                                                                          | \$0-\$10 copay, depending on the location   |
|                                         | <b>Outpatient X-rays:</b>                                                                                                                                                          |                                             |
|                                         | \$75-\$130 copay, depending on the location                                                                                                                                        | \$75-\$130 copay, depending on the location |
|                                         | <b>Therapeutic radiology services (such as radiation treatment for cancer):</b>                                                                                                    |                                             |
|                                         | 20% of the cost                                                                                                                                                                    | 20% of the cost                             |

## Summary of Benefits

| Premiums and Benefits | SummaCare Medicare Advantage Quartz (HMO)                                                                                                                                                                                                                                                                           | SummaCare Medicare Advantage Topaz (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 Hearing Health Care. You receive one year of follow-up care. Risk-free trial of 60 days. Two-year battery support (battery supply or charging station.) |                                             |
|                       | <b>Diagnostic hearing exam:</b>                                                                                                                                                                                                                                                                                     |                                             |
|                       | \$0-\$20 copay, depending on the location                                                                                                                                                                                                                                                                           | \$0-\$20 copay, depending on the location   |
|                       | <b>Supplemental routine hearing exam:</b>                                                                                                                                                                                                                                                                           |                                             |
|                       | \$0 copay                                                                                                                                                                                                                                                                                                           | \$0 copay                                   |
|                       | <b>Hearing aids:</b> Limit one per ear every year. If a member has a preference toward an alternate model, Amplifon Hearing Health Care does have additional hearing-aid models available for purchase at a discounted rate.                                                                                        |                                             |
|                       | Hearing aid costs per model level selected:                                                                                                                                                                                                                                                                         | Hearing aid costs per model level selected: |
|                       | Level 1 - \$395                                                                                                                                                                                                                                                                                                     | Level 1 - \$395                             |
|                       | Level 2 - \$695                                                                                                                                                                                                                                                                                                     | Level 2 - \$695                             |
|                       | Level 3 - \$1,195                                                                                                                                                                                                                                                                                                   | Level 3 - \$1,195                           |
|                       | Level 4 - \$1,495                                                                                                                                                                                                                                                                                                   | Level 4 - \$1,495                           |
|                       | Level 5 - \$1,895                                                                                                                                                                                                                                                                                                   | Level 5 - \$1,895                           |

## Summary of Benefits

| Premiums and Benefits | SummaCare Medicare Advantage Quartz (HMO)                                                                                                                                                                                                                                             | SummaCare Medicare Advantage Topaz (HMO)                                                                                                                                                                      |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dental Services       | <b>Preventive dental</b> covers two cleanings, two exams, one bitewing X-ray and one fluoride treatment per year. Preventive dental also includes full mouth or panoramic X-rays once every five years, periapical X-rays as needed and emergency treatment of dental pain as needed. |                                                                                                                                                                                                               |
|                       | \$0 copay per visit                                                                                                                                                                                                                                                                   | \$0 copay per visit                                                                                                                                                                                           |
|                       | <b>Comprehensive Dental Services:</b>                                                                                                                                                                                                                                                 |                                                                                                                                                                                                               |
|                       | You pay 50% coinsurance for fillings, root canals and simple extractions.                                                                                                                                                                                                             | You pay \$0 for fillings, root canals and simple extractions.                                                                                                                                                 |
|                       | You pay 70% coinsurance for bridges, crowns and dentures. For full details and exclusions, view your dental handbook at <b><a href="http://summacare.com/plandocuments">summacare.com/plandocuments</a></b> .                                                                         | You pay 20% coinsurance for bridges, crowns and dentures. For full details and exclusions, view your dental handbook at <b><a href="http://summacare.com/plandocuments">summacare.com/plandocuments</a></b> . |
|                       | \$2,000 calendar year maximum for preventive and comprehensive dental services.                                                                                                                                                                                                       | \$3,000 calendar year maximum for preventive and comprehensive dental services.                                                                                                                               |
|                       | Must use Delta Dental of Ohio Medicare Advantage PPO network.                                                                                                                                                                                                                         | Must use Delta Dental of Ohio Medicare Advantage PPO network.                                                                                                                                                 |

## Summary of Benefits

| Premiums and Benefits         | SummaCare Medicare Advantage Quartz (HMO)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SummaCare Medicare Advantage Topaz (HMO)                         |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Vision Service</b>         | <p>You are covered for an annual supplemental routine eye exam each year.</p> <p>Coverage for eyeglasses and/or contact lenses provided after cataract surgery is limited to Medicare-allowed amount for Medicare-covered lenses and frames.</p> <p>In addition to an annual routine eye exam and Medicare-covered eye exams (for diagnosis and treatment for diseases and conditions of the eye), you'll receive an annual amount to use toward the purchase of frames/lenses or contact lenses – with the freedom to purchase from any vision provider you choose.</p> |                                                                  |
|                               | <b>Diagnostic eye exam:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |
|                               | \$0 copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$0 copay                                                        |
|                               | <b>Supplemental routine eye exam:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |
|                               | \$0 copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$0 copay                                                        |
|                               | <b>Annual prescription eyewear allowance:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |
|                               | \$100 allowance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$200 allowance                                                  |
| <b>Mental Health Services</b> | <b>Glasses or contact lenses after cataract surgery:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |
|                               | \$0 copay.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$0 copay.                                                       |
|                               | <b>Yearly glaucoma screening:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |
|                               | \$0 copay.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$0 copay.                                                       |
|                               | <p>There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day lifetime limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.</p>                                                                                                                                                                                                                                                                                                                                           |                                                                  |
|                               | <b>Inpatient visit:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |
|                               | \$395 copay per day for days 1 through 5. \$0 copay after day 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$370 copay per day for days 1 through 5. \$0 copay after day 5. |
|                               | <b>Outpatient group therapy visit:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |
|                               | \$35 copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$35                                                             |
|                               | <b>Outpatient individual therapy visit:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |
|                               | \$35 copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$35 copay                                                       |

## Summary of Benefits

| Premiums and Benefits               | SummaCare Medicare Advantage Quartz (HMO)                                                                                                                                                                                               | SummaCare Medicare Advantage Topaz (HMO)                                           |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Skilled Nursing Facility            | Our plan covers up to 100 days in a Skilled Nursing Facility per benefit period. No prior hospital stay required.                                                                                                                       |                                                                                    |
|                                     | \$0 copay per day for days 1 through 20.<br>\$221 per day for days 21 through 100.                                                                                                                                                      | \$0 copay per day for days 1 through 20.<br>\$221 per day for days 21 through 100. |
| Rehabilitation and Physical Therapy | <b>Cardiac (heart) rehab services:</b>                                                                                                                                                                                                  |                                                                                    |
|                                     | \$0 copay.                                                                                                                                                                                                                              | \$0 copay.                                                                         |
|                                     | <b>Occupational therapy visit:</b>                                                                                                                                                                                                      |                                                                                    |
|                                     | \$35 copay                                                                                                                                                                                                                              | \$35 copay                                                                         |
|                                     | <b>Physical therapy and speech and language therapy visit:</b>                                                                                                                                                                          |                                                                                    |
|                                     | \$35 copay                                                                                                                                                                                                                              | \$35 copay                                                                         |
| Ambulance                           | Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. <b>This includes emergency ambulance occurring immediately before a covered emergency visit.</b>          |                                                                                    |
|                                     | <b>Ground ambulance:</b>                                                                                                                                                                                                                |                                                                                    |
|                                     | \$320 copay                                                                                                                                                                                                                             | \$320 copay                                                                        |
|                                     | <b>Air ambulance:</b>                                                                                                                                                                                                                   |                                                                                    |
|                                     | \$320 copay                                                                                                                                                                                                                             | \$320 copay                                                                        |
| Transportation                      | Routine non-emergent medical transportation services are covered for in-network medical appointments or visits to providers within the plan service area. Trips must be scheduled through SummaCare's transportation vendor, Homelink.  |                                                                                    |
|                                     | \$0 copay for six one-way trips per calendar year.                                                                                                                                                                                      | Not covered                                                                        |
| Medicare Part B Drugs               | <b>For Part B-covered chemotherapy drugs and other Part B-covered drugs:</b><br>Part B drugs may be subject to Step Therapy requirements. Insulin cost sharing is subject to a copayment cap of \$35 for one-month's supply of insulin. |                                                                                    |
|                                     | Up to 20% of the cost                                                                                                                                                                                                                   | Up to 20% of the cost                                                              |

## Summary of Benefits

| Premiums and Benefits                                                                                                                                                                                                                                                                                                                                                                                               | SummaCare Medicare Advantage Quartz (HMO)                                                                                                                                                                                                                                                                                                                 | SummaCare Medicare Advantage Topaz (HMO)                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <b>Part D Prescription Drugs.</b> The amount you pay depends on the drug's tier, what stage of the benefit you have reached, and pharmacy type or status (e.g., preferred/standard, mail-order, long-term care (LTC), and 30- or 90-day supply). Walgreens is SummaCare's only standard in-network pharmacy. All other in-network pharmacies are part of the preferred network, which typically offers lower costs. |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |
| <b>Deductible</b>                                                                                                                                                                                                                                                                                                                                                                                                   | If applicable, you must pay the full cost of your tier 3, tier 4, and tier 5 drugs until you reach the plan's deductible amount. The deductible does not apply to covered insulin products and most adult Part D vaccines.<br><br>\$410   \$365                                                                                                           |                                                                                                    |
| <b>Initial Coverage Stage</b>                                                                                                                                                                                                                                                                                                                                                                                       | During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance listed below). You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,400. You may get your drugs at network retail pharmacies and mail-order pharmacies. |                                                                                                    |
| <b>Tier 1</b><br>Preferred Generic Drugs                                                                                                                                                                                                                                                                                                                                                                            | <b>Retail 1-Month Supply</b><br>Preferred: \$0 copay<br>Standard: \$6 copay                                                                                                                                                                                                                                                                               | <b>Retail 1-Month Supply</b><br>Preferred: \$0 copay<br>Standard: \$6 copay                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Retail/Mail-Order 3-Month Supply</b><br>Preferred: \$0 copay<br>Standard: \$15 copay                                                                                                                                                                                                                                                                   | <b>Retail/Mail-Order 3-Month Supply</b><br>Preferred: \$0 copay<br>Standard: \$15 copay            |
| <b>Tier 2</b><br>Generic Drugs                                                                                                                                                                                                                                                                                                                                                                                      | <b>Retail 1-Month Supply</b><br>Preferred: \$0 copay<br>Standard: \$10 copay                                                                                                                                                                                                                                                                              | <b>Retail 1-Month Supply</b><br>Preferred: \$0 copay<br>Standard: \$10 copay                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Retail/Mail-Order 3-Month Supply</b><br>Preferred: \$0 copay<br>Standard: \$25 copay                                                                                                                                                                                                                                                                   | <b>Retail/Mail-Order 3-Month Supply</b><br>Preferred: \$0 copay<br>Standard: \$25 copay            |
| <b>Tier 3</b><br>Preferred Brand Name Drugs                                                                                                                                                                                                                                                                                                                                                                         | <b>Retail 1-Month Supply</b><br>Preferred: 23% of the cost<br>Standard: 25% of the cost                                                                                                                                                                                                                                                                   | <b>Retail 1-Month Supply</b><br>Preferred: 23% of the cost<br>Standard: 25% of the cost            |
|                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Retail/Mail-Order 3-Month Supply</b><br>Preferred: 23% of the cost<br>Standard: 25% of the cost                                                                                                                                                                                                                                                        | <b>Retail/Mail-Order 3-Month Supply</b><br>Preferred: 23% of the cost<br>Standard: 25% of the cost |

## Summary of Benefits

| Premiums and Benefits                      | SummaCare Medicare Advantage Quartz (HMO)                                                                                                                                                                              | SummaCare Medicare Advantage Topaz (HMO)                                                                                                                                                          |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part D Prescription Drugs continued</b> |                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| <b>Tier 4</b><br>Non-Preferred Drugs       | <b>Retail 1-Month Supply</b><br>Preferred: 33% of the cost<br>Standard: 50% of the cost<br><br><b>Retail/Mail-Order 3-Month Supply</b><br>Preferred: 33% of the cost<br>Standard: 50% of the cost                      | <b>Retail 1-Month Supply</b><br>Preferred: 33% of the cost<br>Standard: 50% of the cost<br><br><b>Retail/Mail-Order 3-Month Supply</b><br>Preferred: 33% of the cost<br>Standard: 50% of the cost |
| <b>Tier 5</b><br>Specialty Drugs           | <b>Retail 1-Month Supply</b><br>Preferred: 28% of the cost<br>Standard: 28% of the cost<br><br><b>Retail/Mail-Order 3-Month Supply</b><br>A long-term supply is not available for drugs in Tier 5                      | <b>Retail 1-Month Supply</b><br>Preferred: 29% of the cost<br>Standard: 29% of the cost<br><br><b>Retail/Mail-Order 3-Month Supply</b><br>A long-term supply is not available for drugs in Tier 5 |
| <b>Tier 6</b><br>Select Care Drugs         | <b>Retail 1-Month Supply</b><br>Preferred: \$0 copay<br>Standard: \$6 copay<br><br><b>Retail/Mail-Order 3-Month Supply</b><br>Preferred: \$0 copay<br>Standard: \$15 copay                                             | <b>Retail 1-Month Supply</b><br>Preferred: \$0 copay<br>Standard: \$6 copay<br><br><b>Retail/Mail-Order 3-Month Supply</b><br>Preferred: \$0 copay<br>Standard: \$15 copay                        |
| <b>Catastrophic Coverage Stage</b>         | After your out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach the \$2,400 limit for the calendar year, you will pay nothing for your covered Part D drugs. |                                                                                                                                                                                                   |
| <b>Insulin Cost Sharing</b>                | You will pay no more than \$35 for a one month supply of insulin covered under Part D.                                                                                                                                 |                                                                                                                                                                                                   |

## Summary of Benefits

| Premiums and Benefits                       | SummaCare Medicare Advantage Quartz (HMO)                                                                                                                                                                                                                                                                                                                                   | SummaCare Medicare Advantage Topaz (HMO)                                                                                        |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Additional Benefits</b>                  |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                 |
| <b>Telehealth Services</b>                  | For each primary care, dermatological, behavioral health and substance abuse telehealth visit provided through Teladoc® Health or another in-network provider.                                                                                                                                                                                                              |                                                                                                                                 |
|                                             | \$0 copay                                                                                                                                                                                                                                                                                                                                                                   | \$0 copay                                                                                                                       |
|                                             | For all other in-network telehealth specialist visits:                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |
|                                             | \$20 copay                                                                                                                                                                                                                                                                                                                                                                  | \$20 copay                                                                                                                      |
| <b>Visitor/Travel Coverage</b>              | SummaCare Medicare Advantage members who are traveling receive all plan-covered services through this Visitor/Travel coverage in the following states:                                                                                                                                                                                                                      |                                                                                                                                 |
|                                             | AZ, FL, NC, SC & TX                                                                                                                                                                                                                                                                                                                                                         | AZ, FL, NC, SC & TX                                                                                                             |
| <b>Home Safety Devices</b>                  | If you have had a diagnosis of any of the following: hip replacement, knee replacement, femur fractures or a diagnosis of falls within the past 12 months, as documented by a provider, you are eligible for home safety devices. Items must be purchased through HOMELINK. Otherwise you will be responsible for the full cost of those items and no payment will be made. |                                                                                                                                 |
|                                             | Not covered                                                                                                                                                                                                                                                                                                                                                                 | \$150 allowance per year                                                                                                        |
| <b>Chiropractic Care (Medicare-covered)</b> | \$15 copay                                                                                                                                                                                                                                                                                                                                                                  | \$15 copay                                                                                                                      |
| <b>Foot Care (Podiatry Services)</b>        | \$35 copay                                                                                                                                                                                                                                                                                                                                                                  | \$35 copay                                                                                                                      |
| <b>Home Health Care</b>                     | \$0 copay.                                                                                                                                                                                                                                                                                                                                                                  | \$0 copay.                                                                                                                      |
| <b>Hospice</b>                              | \$0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care.                                                                                                                                                                                                                                             | \$0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. |

## Summary of Benefits

| Premiums and Benefits             | SummaCare Medicare Advantage Quartz (HMO)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SummaCare Medicare Advantage Topaz (HMO) |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Medical Equipment/Supplies        | <b>Durable medical equipment (e.g., wheelchairs, oxygen):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |
|                                   | 30% of the cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 30% of the cost.                         |
|                                   | <b>Prosthetic devices (e.g., braces, artificial limbs):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |
|                                   | 20% of the cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20% of the cost.                         |
|                                   | <b>Diabetes monitoring supplies manufactured by Abbott and/or Ascensia Contour:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |
|                                   | \$0 copay.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$0 copay.                               |
|                                   | <b>Diabetes self-management training:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |
|                                   | \$0 copay.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$0 copay.                               |
|                                   | <b>Therapeutic shoes or inserts:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |
|                                   | 20% of the cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20% of the cost.                         |
| Outpatient Substance Abuse        | <b>Group therapy visit:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |
|                                   | \$35 copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$35 copay                               |
|                                   | <b>Individual therapy visit:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |
|                                   | \$35 copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$35 copay                               |
| Opioid Treatment Program Services | Opioid use disorder treatment services are covered under Part B of Original Medicare. Members of our plan receive coverage for these services through our plan. Covered services include: <ul style="list-style-type: none"> <li>• FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable</li> <li>• Substance use counseling</li> <li>• Individual and group therapy</li> <li>• Intake activities</li> <li>• Periodic assessments</li> <li>• Toxicology testing</li> </ul> |                                          |
|                                   | \$0 copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$0 copay                                |

## Summary of Benefits

| Premiums and Benefits                     | SummaCare Medicare Advantage Quartz (HMO)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SummaCare Medicare Advantage Topaz (HMO) |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Partial Hospitalization                   | <p>"Partial hospitalization" is a structured program of active psychiatric treatment provided as a hospital outpatient service or by a community mental health center, that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p> <p>Intensive outpatient service is a structured program of active behavioral (mental) health therapy treatment provided in a hospital outpatient department, a community mental health center, a Federally qualified health center, or a rural health clinic that is more intense than the care received in your doctor's or therapist's office but less intense than partial hospitalization.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |
|                                           | \$45 copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$45 copay                               |
| Over-the-Counter Items                    | <p>Coverage includes non-prescription over-the-counter health-related items like vitamins, pain relievers, cough and cold medicines and first aid supplies. Refer to your 2027 OTC Product Catalog or visit <a href="https://summacare.com/overthecounter">summacare.com/overthecounter</a> for a complete list of plan-approved OTC items. You may also conduct a product search by retail service at <a href="https://summacare.com/overthecounter">summacare.com/overthecounter</a>. Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |
|                                           | \$25 allowance per quarter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$40 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"> <li>• SilverSneakers® Fitness Program: SilverSneakers can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations including live and on-demand classes for members to access at home. You have access to a nationwide network of participating locations where you can take classes and use exercise equipment and other amenities. Enroll in as many locations as you like, at any time. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. You also have access to instructors who lead specially designed group exercise classes in-person and online, seven days a week. Additionally, SilverSneakers Community gives you options to get active outside of traditional gyms at recreation centers, parks and other neighborhood locations.</li> <li>• 24-Hour Nurse Line</li> <li>• QuitCare</li> <li>• Health Manager Powered by WebMD®</li> <li>• Enhanced Condition and Care Management Programs</li> </ul> |                                          |
|                                           | Available at no cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |

## Summary of Benefits

| Premiums and Benefits        | SummaCare Medicare Advantage Quartz (HMO)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SummaCare Medicare Advantage Topaz (HMO) |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Optional Supplemental Dental | <p>If you elect to enroll in this optional supplemental dental plan, you'll pay an additional \$38 per month in order to obtain the following additional benefits. You must keep paying your Medicare Part B premium and your SummaCare Medicare plan premium.</p> <ul style="list-style-type: none"> <li>• If you purchase this optional supplemental dental benefit, the plan will pay a total maximum benefit of \$2,000 (Quartz) or \$3,000 (Topaz) per benefit year. This includes your embedded and supplemental dental benefits.</li> <li>• Services must be received through Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network of providers.</li> <li>• Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network are NOT covered benefits.</li> <li>• There is no waiting period for coverage to begin.</li> </ul> <p>The following benefits are in addition to the embedded benefits covered in your plan see page 48. For full details and exclusions, view your dental handbook at <a href="https://summacare.com/plandocuments">summacare.com/plandocuments</a>.</p> |                                          |
|                              | <b>Inlays/Onlays:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |
|                              | You pay 50% coinsurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | You pay 50% coinsurance                  |
|                              | <b>Periodontal Maintenance:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |
|                              | You pay 50% coinsurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | You pay 50% coinsurance                  |
|                              | <b>Periodontal Non-Surgical Procedures:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |
|                              | You pay 50% coinsurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | You pay 50% coinsurance                  |
|                              | <b>Periodontal Surgical Procedures:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |
|                              | You pay 50% coinsurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | You pay 50% coinsurance                  |
|                              | <b>Denture Relines/Repairs:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |
|                              | You pay 50% coinsurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | You pay 50% coinsurance                  |

## Summary of Benefits

| Premiums and Benefits | SummaCare Medicare Advantage Quartz (HMO) | SummaCare Medicare Advantage Topaz (HMO) |
|-----------------------|-------------------------------------------|------------------------------------------|
|-----------------------|-------------------------------------------|------------------------------------------|

### Optional Supplemental Dental continued

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

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

## What do we cover?

SummaCare Medicare Advantage plans cover many benefits not offered with Original Medicare. Five of our six Medicare Advantage plans include Medicare Part D prescription drugs (Amber (HMO) does not include Part D prescription drug coverage). You can see the complete plan formulary (list of covered drugs) and any restrictions on our website by visiting [summacare.com/find-your-drug](https://summacare.com/find-your-drug) and then choosing "Medicare Advantage."

## How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use SummaCare's Medicare formulary (list of covered drugs at [summacare.com/find-your-drug](https://summacare.com/find-your-drug)) to locate what tier your drug is in to determine how much it will cost you. The amount you pay depends on the drug's tier, the pharmacy you use and what coverage stage you are in.

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

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

## Want to learn more?

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

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

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

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

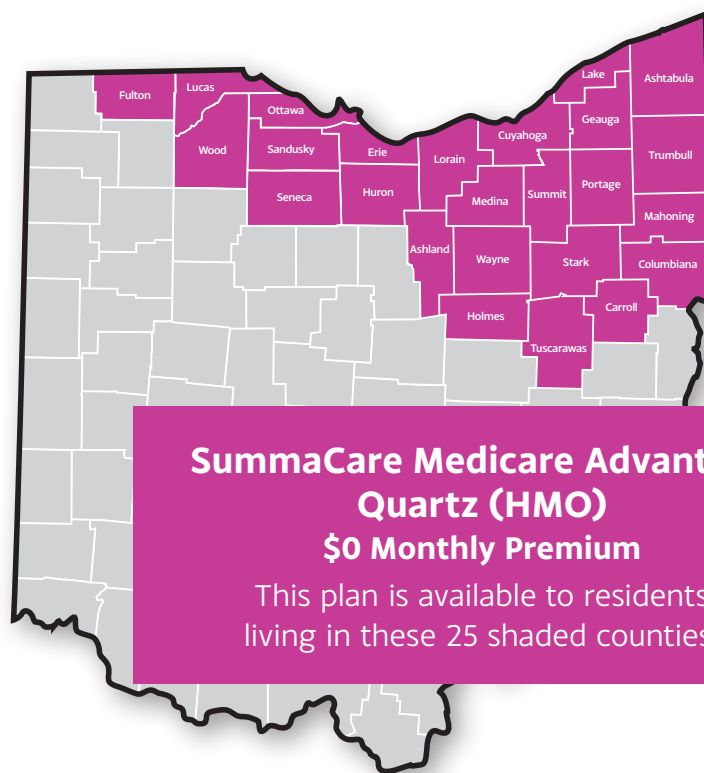
People with limited incomes may qualify for Extra Help to pay for their prescription drug costs and medical expenses. See if you qualify by calling:

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

# HMO Plans

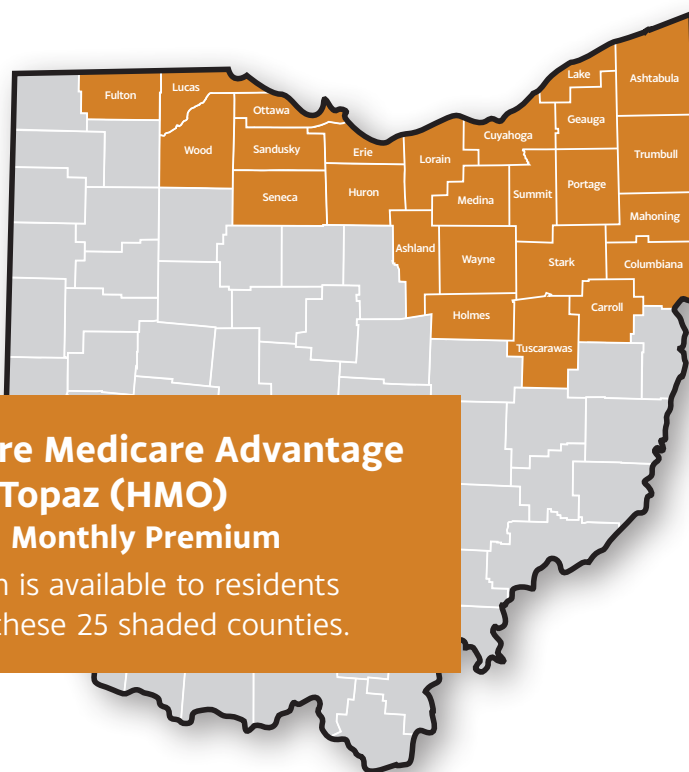
With a SummaCare HMO plan, you utilize your network of providers for all your care, except in certain circumstances including emergency and urgent care services and renal dialysis services.

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



## SummaCare Medicare Advantage Quartz (HMO) \$0 Monthly Premium

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



## SummaCare Medicare Advantage Topaz (HMO) \$17 Monthly Premium

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



**Pam C.**  
Member Since 2023

# Part D Prescription Drug Coverage

# **Part D Prescription Drug Coverage**

**Five of the six SummaCare Medicare Advantage plans include Medicare Part D prescription drug coverage (Amber (HMO) plan does not include Part D prescription coverage).**

### **The SummaCare Medicare Formulary (Drug List)**

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

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

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

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

### **Check to See if Your Drug is Covered**

Refer to the 2027 Formulary, which lists covered drugs and their assigned tier. To view the 2027 Formulary, visit our website at **[summacare.com/medicare](https://summacare.com/medicare)** or call us to request one.

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

### **Pharmacy Benefits and Travel**

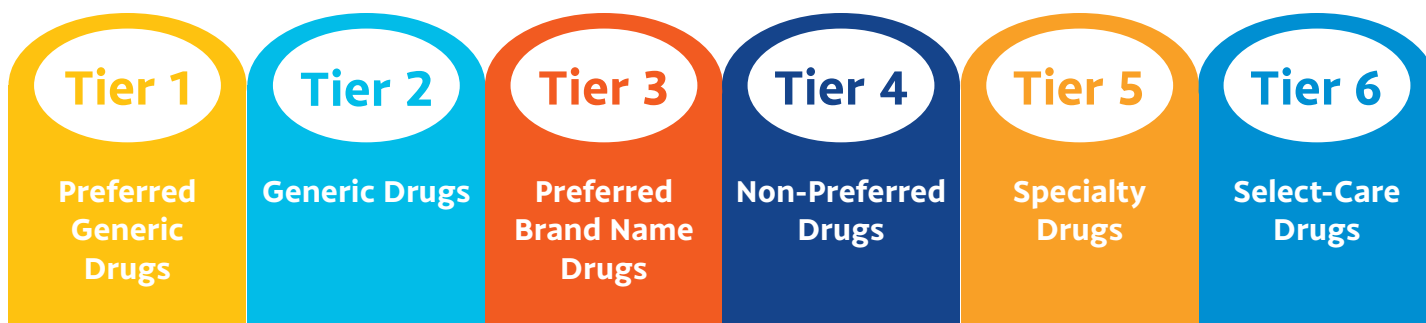
SummaCare will cover your prescriptions at in-network pharmacies under the applicable copayment amount while you travel throughout the United States. Our pharmacy network includes most national chains, plus many local, independent pharmacies. If traveling, your out-of-pocket costs may be higher if you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

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

# Part D Prescription Drug Coverage

## SummaCare Medicare Advantage Drug Tiers

SummaCare organizes our covered drugs into six tiers:



The chart below shows examples of 30-day supplies of Tier 1 and Tier 6 medications covered at a \$0 copay at Preferred Network pharmacies and \$6 at Standard pharmacies. For a more complete comparison, visit [summacare.com/providerdirectory](http://summacare.com/providerdirectory).

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

Tier 1 and Tier 6 drugs are covered at a \$0 copay at preferred network pharmacies and at a \$6 copay at standard network pharmacies for a 30-day supply. Tier 6 Select Care Drugs include condition management drugs for treatment of diabetes, high cholesterol and high blood pressure. The chart to the left lists examples of drugs in these tiers. For a complete listing of covered drugs, please refer to the SummaCare Medicare Formulary at [summacare.com/medicare](http://summacare.com/medicare).



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

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

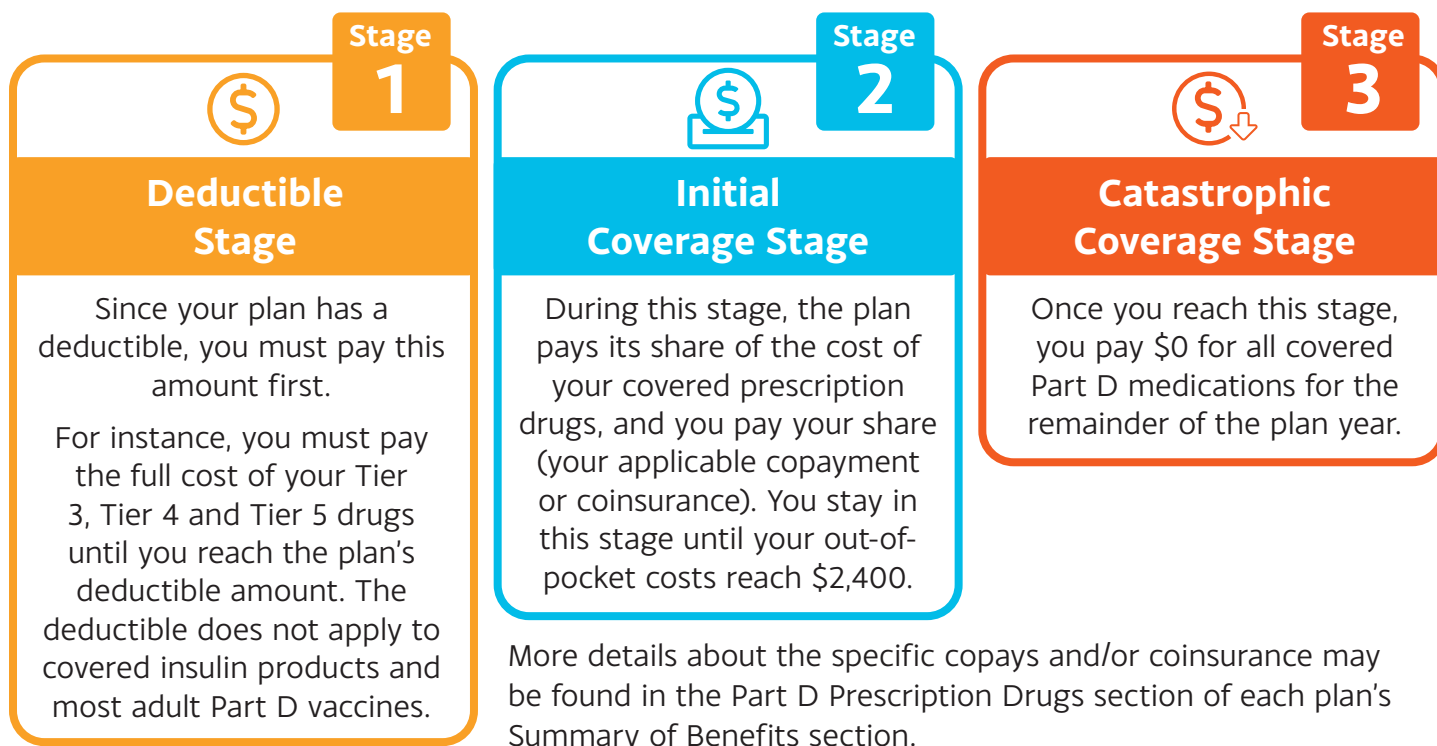
| Generic Drug Name                                             | Reference Brand Drug Name | Dosage Form                                              |
|---------------------------------------------------------------|---------------------------|----------------------------------------------------------|
| Cetirizine Hydrochloride                                      | (Zyrtec)                  | Chewable Tablet, Solution, Tablet                        |
| Cetirizine Hydrochloride/<br>Pseudoephedrine Hydrochloride    | (Zyrtec-D)                | 12-Hour Tablet                                           |
| Fexofenadine Hydrochloride                                    | (Allegra)                 | 12-Hour Tablet, 24-Hour Tablet, Tablet Rapid, Suspension |
| Fexofenadine Hydrochloride /<br>Pseudoephedrine Hydrochloride | (Allegra-D)               | 12-Hour Tablet, 24-Hour Tablet                           |
| Ketotifen Fumarate                                            | (Zaditor)                 | Eye Drops                                                |
| Levocetirizine Dihydrochloride                                | (Xyzal)                   | Tablet                                                   |
| Loratadine                                                    | (Claritin)                | Solution, Tablet, Tablet Rapid, Chewable Tablet          |
| Loratadine/Pseudoephedrine<br>Hydrochloride                   | (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

There are three different coverage stages for Part D prescriptions: a Deductible Stage, an Initial Coverage Stage (which has a limit of \$2,400) and a Catastrophic Stage (in this stage a member pays \$0 for covered Part D medications). This journey is detailed in the image below.



### Medicare Prescription Payment Plan

Members can also opt into the Medicare Prescription Payment Plan. Opting into this program allows members to divide their Part D prescription drug costs (up to their Annual Out-of-Pocket Threshold of \$2,400) into monthly payments throughout the remainder of the plan year—based on the initial opt-in date of membership. This can make it easier to afford high-cost prescriptions by splitting costs into more affordable monthly payments instead of one lump sum.

For example, if access to an expensive drug is required at the beginning of the plan year, this program will spread payments out at \$200/month rather than burdening the member by facing the total \$2,400 expense all at once in the beginning of a plan year.

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

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

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

You take several drugs that have a total out-of-pocket cost of \$80 each month. In January 2027, you join the Medicare Prescription Payment Plan through your Medicare drug plan or Medicare health plan with drug coverage.

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

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

\$2,400 [annual out-of-pocket maximum]  
– \$0 [no out-of-pocket costs before using this payment option]  
= \$2,400

= \$200

[your "maximum possible payment" for the first month]

12 [remaining months in the year]

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

- Compare your total out-of-pocket costs for January (\$80) to the "maximum possible payment" we just calculated: \$200.
- Your plan will bill you the lesser of the two amounts. So, you'll pay \$80 for the month of January.
- You have a remaining balance of \$0.

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

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

= \$7.27

[your payment for February]

11 [remaining months in the year]

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

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

= \$15.27

[your payment for March]

10 [remaining months in the year]



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

- ✓ The total amount you would have paid out-of-pocket.
- ✓ The total annual out-of-pocket maximum (\$2,400 in 2027).
- ✓ Remember, this is just your monthly payment for your out-of-pocket drug costs. You still need to pay your health or drug plan's premium (if you have one) each month.

# Part D Prescription Drug Coverage

## Frequently Asked Questions

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



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

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

- **Use generic or biosimilar medications.** Talk with your provider about the medications you are currently taking to find out if there are generic or less-expensive, brand-name drugs that would work just as well as the ones you're taking now.

**For long-term maintenance drugs** (that you use for three months or more), save money by ordering a supply using our convenient mail-order pharmacy or your local retail pharmacy if it participates in our Choice 90 program.

- **Tier 1 and Tier 6** are available for a 100-day supply through mail-order or retail—for \$0 at preferred pharmacies!
- **Tiers 2 – 4 drugs** are available for a 90-day supply through mail-order or retail.
- To learn more about SummaCare's Choice 90 program, call us.
- **Check if you qualify for extra help.** People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, you can get assistance paying for your Part D monthly premium, annual Part D deductible, coinsurance and copayments. Learn more by calling your local Social Security office or **800.MEDICARE (800.633.4227)**, 24 hours a day, seven days a week. Persons with hearing impairments should call TTY **877.486.2048**.

### Are vaccines covered?

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

- COVID-19
- Influenza (Flu)
- Pneumonia

Other vaccines are covered at no cost to you under Medicare Part D prescription drug coverage as long as the vaccine is reasonable and necessary to prevent illness. Medicare Part D prescription coverage is not available on the Amber (HMO) plan. Some examples of Part D covered vaccines include:

- Shingles
- Tetanus
- MMR

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

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

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To find out if you qualify, visit [summacare.com/medicare](https://summacare.com/medicare) to view the 2027 MTM program information.

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# Plan Enrollment & Payments

# **Plan Enrollment & Payments**



## Medicare Enrollment Periods

### Annual Enrollment Period

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

### Special Enrollment Period

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

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

### Initial Enrollment Period

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

### Open Enrollment Period

Running from January 1 through March 31 each year, enrollees may make one change to a different Medicare Advantage plan or return to Original Medicare. Part D can be elected at this time in the course of a plan change. Call SummaCare today to discuss the many circumstances that might place you in your Initial Enrollment Period or a Special Enrollment Period.

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

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

### SummaCare's 33-County Service Area

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

## Ways to Enroll



### Call Us

Enroll over the phone by calling your broker or personal SummaCare representative. If you are not already working with a representative, please call **330.996.8440** (TTY **711**) or (toll free) **888.464.8440** (TTY **711**) and we will do the paperwork for you. From October 1 through March 31, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., seven days a week. From April 1 through September 30, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., Monday through Friday. Outside these hours, you may leave us a message and a representative will return your call the next business day.



### Go Online

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



### Mail Us Your Paperwork

Complete an enrollment form (included at the back of this Guide) and mail to:

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



### Scan this QR Code

to enroll online



## Important Reminders

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

# SummaCare offers many ways for you to pay your Medicare Advantage plan premium.

## 1. Premium withheld from Social Security or RRB check

Premiums can be automatically deducted from your Social Security or Railroad Retirement (RRB) check each month. Enroll by using the supplied form or downloading the Premium Withhold from Social Security Form from **summacare.com/easypay** and returning it to the designated SummaCare address.



## 2. Direct Debit/Credit

Premiums can be automatically deducted from a checking or savings account or charged to a credit card each month. Enroll by using the supplied form or downloading the Direct Debit/Credit Card Authorization Form from **summacare.com/easypay** and returning it to the designated SummaCare address



Please be aware that options 1 and 2 above may take several months to implement. You will receive a confirmation letter from SummaCare indicating the first payment date that the option you selected will occur. Until confirmation, please pay all premium invoices you receive using one of the methods below.

## 3. Online Bill Pay

Pay online by going to **summacare.com/easypay**. Or, you can pay by logging into your secure member portal, Plan Central. You will need your SummaCare member ID number.



## 4. Phone

You can pay via phone by calling **330.996.8885** (TTY **711**) or (toll free) **1.800.996.6250** (TTY **711**). You will need your SummaCare member ID number.



## 5. Mail

Receive a monthly bill in the mail each month and mail in payment or pay online or via phone.



**If you are completing a paper application, please indicate your preferred method of payment. You can change your method of payment by visiting our website at [summacare.com/easypay](https://summacare.com/easypay). Instructions for each payment option are available on this webpage.**

## After you enroll

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

**1. SummaCare will send you a letter confirming that your application was received.**

**2. You will receive your SummaCare member ID card and Member Handbook in the mail.**

**3. You will receive outstanding service all year!**

Contact us anytime with your questions. Plus, be sure to look for special announcements in the mail regarding exclusive member events and important plan information from SummaCare. Do you sometimes forget to schedule regular check-ups? We'll send you reminders for preventive services and other recommended care for common conditions and preventive screenings.



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

SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. Other providers are available in our network. This information is not a complete description of benefits. Call **888.464.8440** (TTY **711**) for more info. Actual SummaCare Medicare Advantage plan members shown. Members were not compensated for their appearance. From October 1 through March 31, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., seven days a week. From April 1 through September 30, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., Monday through Friday. Outside these hours, you may leave us a message and a representative will return your call the next business day. Out-of-network/non-contracted providers are under no obligation to treat SummaCare members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information including the cost-sharing that applies to out-of-network services. Benefits may vary based on plan selected and county availability.

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



# Questions?

Let's talk.

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

## Follow SummaCare on Social Media!



Facebook



Instagram



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YouTube



Pinterest

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

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