



Summary of Benefits

Plan Year January 1, 2024 through December 31, 2024

SummaCare Medicare Amber NE (HMO) (H3660-052-1)

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

SummaCare Medicare Amber NW (HMO) (H3660-052-2)

The SummaCare Medicare Amber (HMO) plan is available to residents of the following counties in Ohio: Allen, Auglaize, Defiance, Fulton, Hancock, Henry, Huron, Lucas, Mercer, Ottawa, Putnam, Seneca, Van Wert and Wood

SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. H3660_SC450_M Accepted 09182023

Summary of Benefits

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Summary of Benefits

Premiums and Benefits	SummaCare Medicare Amber NE (HMO)	SummaCare Medicare Amber NW (HMO)
Monthly Plan Premium	You must continue to pay your Medicare Part B premium.	
	You pay \$0	You pay \$0
Medical Deductible	You pay nothing.	You pay nothing.
Maximum Out-of-Pocket Responsibility	<ul style="list-style-type: none"> Does not include prescription drugs. Includes copays and other costs for medical services throughout the year. 	
	\$3,450	\$3,450
Inpatient Hospital Coverage	Our plan pays for an unlimited number of days for an inpatient hospital stay.	
	\$250 copay per day for days 1 through 5. You pay nothing after day 5.	\$250 copay per day for days 1 through 5. You pay nothing after day 5.
Outpatient Hospital Coverage	Outpatient hospital: \$250 copay	\$250 copay
	Observation services: \$250 copay	\$250 copay
Ambulatory Surgical Center	\$250 copay	\$250 copay
Provider Visits	You are not required to receive authorization before seeking care from most specialists.	
	Primary care provider visit: You pay nothing.	You pay nothing.
	Specialist visit: \$30 copay	\$30 copay

Summary of Benefits

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

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Amber NE (HMO)	SummaCare Medicare Amber NW (HMO)
Urgently Needed Services	<p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care but given your circumstances, it is not possible, or it is unreasonable, to obtain services from network providers. If it is unreasonable given your circumstances to immediately obtain the medical care from a network provider, then your plan will cover the urgently needed services from a provider out-of-network. Services must be immediately needed and medically necessary. Examples of urgently needed services that the plan must cover out of network occur if: You are temporarily outside the service area of the plan and require medically needed immediate services for an unforeseen condition but it is not a medical emergency; or it is unreasonable given your circumstances to immediately obtain the medical care from a network provider. Cost sharing for necessary urgently needed services furnished out-of-network is the same as for such services furnished in-network.</p> <p>Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.</p>	
	\$40 copay per visit	\$40 copay per visit
Diagnostic Services/Labs/Imaging	<p>The copay is based on where the procedure takes place. You pay a lower copay at a provider's office (office visit copay may apply). You pay a higher copay at all other locations.</p>	
	Diagnostic radiology service (e.g., MRI):	
	\$125 copay	\$125 copay
	Diagnostic tests and procedures:	
	\$50 copay	\$50 copay
	Lab services:	
	\$5 copay	\$5 copay
	Outpatient X-rays:	
	\$50 copay	\$50 copay
	Therapeutic radiology services (such as radiation treatment for cancer):	
	20% of the cost	20% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Amber NE (HMO)	SummaCare Medicare Amber NW (HMO)
Hearing Services	You are covered for an annual routine hearing exam every year. Services for hearing aids must be received through SummaCare's in-network provider, Amplifon. You receive one year of follow-up care. Risk-free trial of 60 days. Two-year battery support (battery supply or charging station.) Costs for hearing aids do not count towards the out-of-pocket maximum. There is no copay for a hearing aid fitting/evaluation.	
	Diagnostic hearing exam: \$0-\$20 copay \$0-\$20 copay	
	Supplemental routine hearing exam: \$0 copay \$0 copay	
	Hearing aids: Limit one per ear every year. Amplifon does have additional hearing-aid models available for purchase at a discounted rate. \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids	
Dental Services	Preventive dental covers two cleanings, two exams, one bitewing X-ray 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 \$0 copay per visit	
	Comprehensive Dental Services: <ul style="list-style-type: none"> • You pay \$0 for fillings, root canals and simple extractions. • You pay 50% coinsurance for bridges, crowns and dentures. • \$2,000 calendar year maximum for preventive and comprehensive dental services. • Must use Delta Dental of Ohio Medicare Advantage PPO network. 	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Amber NE (HMO)	SummaCare Medicare Amber NW (HMO)										
Vision Services	<p>You are covered for an annual supplemental routine eye exam each year. Coverage for eyeglasses and/or contact lenses provided after cataract surgery is limited to Medicare-allowed amount for Medicare-covered lenses and frames. In addition to an annual routine eye exam and Medicare-covered eye exams (for diagnosis and treatment for diseases and conditions of the eye), you'll receive an annual amount to use toward the purchase of frames/lenses or contact lenses – with the freedom to visit any vision provider you choose.</p> <hr/> <p>Diagnostic eye exam:</p> <table border="1" data-bbox="384 769 1568 843"> <tr> <td data-bbox="384 769 977 843">\$0 copay</td> <td data-bbox="977 769 1568 843">\$0 copay</td> </tr> </table> <hr/> <p>Supplemental routine eye exam:</p> <table border="1" data-bbox="384 917 1568 992"> <tr> <td data-bbox="384 917 977 992">\$0 copay</td> <td data-bbox="977 917 1568 992">\$0 copay</td> </tr> </table> <hr/> <p>Annual prescription eyewear allowance: Costs for the annual eyewear allowance do not count toward the maximum out-of-pocket.</p> <table border="1" data-bbox="384 1099 1568 1173"> <tr> <td data-bbox="384 1099 977 1173">\$300 allowance</td> <td data-bbox="977 1099 1568 1173">\$200 allowance</td> </tr> </table> <hr/> <p>Glasses or contact lenses after cataract surgery:</p> <table border="1" data-bbox="384 1247 1568 1322"> <tr> <td data-bbox="384 1247 977 1322">You pay nothing.</td> <td data-bbox="977 1247 1568 1322">You pay nothing.</td> </tr> </table> <hr/> <p>Yearly glaucoma screening:</p> <table border="1" data-bbox="384 1396 1568 1471"> <tr> <td data-bbox="384 1396 977 1471">You pay nothing.</td> <td data-bbox="977 1396 1568 1471">You pay nothing.</td> </tr> </table>		\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$300 allowance	\$200 allowance	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.
\$0 copay	\$0 copay											
\$0 copay	\$0 copay											
\$300 allowance	\$200 allowance											
You pay nothing.	You pay nothing.											
You pay nothing.	You pay nothing.											
Mental Health Services	<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> <hr/> <p>Inpatient visit:</p> <table border="1" data-bbox="384 1684 1568 1796"> <tr> <td data-bbox="384 1684 977 1796">\$250 copay per day for days 1 through 4. You pay nothing after day 4.</td> <td data-bbox="977 1684 1568 1796">\$250 copay per day for days 1 through 4. You pay nothing after day 4.</td> </tr> </table> <hr/> <p>Outpatient group therapy visit:</p> <table border="1" data-bbox="384 1870 1568 1945"> <tr> <td data-bbox="384 1870 977 1945">\$30 copay</td> <td data-bbox="977 1870 1568 1945">\$30 copay</td> </tr> </table> <hr/> <p>Outpatient individual therapy visit:</p> <table border="1" data-bbox="384 2019 1568 2075"> <tr> <td data-bbox="384 2019 977 2075">\$30 copay</td> <td data-bbox="977 2019 1568 2075">\$30 copay</td> </tr> </table>		\$250 copay per day for days 1 through 4. You pay nothing after day 4.	\$250 copay per day for days 1 through 4. You pay nothing after day 4.	\$30 copay	\$30 copay	\$30 copay	\$30 copay				
\$250 copay per day for days 1 through 4. You pay nothing after day 4.	\$250 copay per day for days 1 through 4. You pay nothing after day 4.											
\$30 copay	\$30 copay											
\$30 copay	\$30 copay											

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Amber NE (HMO)	SummaCare Medicare Amber NW (HMO)		
Skilled Nursing Facility	<p>Our plan covers up to 100 days in a Skilled Nursing Facility. No prior hospital stay required.</p> <table border="1" data-bbox="398 497 1577 646"> <tr> <td data-bbox="398 497 989 646">\$0 copay per day for days 1 through 20. \$196 copay per day for days 21 through 100.</td> <td data-bbox="989 497 1577 646">\$0 copay per day for days 1 through 20. \$196 copay per day for days 21 through 100.</td> </tr> </table>		\$0 copay per day for days 1 through 20. \$196 copay per day for days 21 through 100.	\$0 copay per day for days 1 through 20. \$196 copay per day for days 21 through 100.
\$0 copay per day for days 1 through 20. \$196 copay per day for days 21 through 100.	\$0 copay per day for days 1 through 20. \$196 copay per day for days 21 through 100.			
Rehabilitation and Physical Therapy	<p>Cardiac (heart) rehab services:</p> <table border="1" data-bbox="398 718 1577 792"> <tr> <td data-bbox="398 718 989 792">You pay nothing.</td> <td data-bbox="989 718 1577 792">You pay nothing.</td> </tr> </table>		You pay nothing.	You pay nothing.
	You pay nothing.	You pay nothing.		
	<p>Occupational therapy visit:</p> <table border="1" data-bbox="398 864 1577 938"> <tr> <td data-bbox="398 864 989 938">\$25 copay</td> <td data-bbox="989 864 1577 938">\$30 copay</td> </tr> </table>		\$25 copay	\$30 copay
\$25 copay	\$30 copay			
<p>Physical therapy and speech and language therapy visit:</p> <table border="1" data-bbox="398 1003 1577 1087"> <tr> <td data-bbox="398 1003 989 1087">\$25 copay</td> <td data-bbox="989 1003 1577 1087">\$30 copay</td> </tr> </table>		\$25 copay	\$30 copay	
\$25 copay	\$30 copay			
Ambulance	<p>Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.</p>			
	<p>Ground ambulance:</p> <table border="1" data-bbox="398 1299 1577 1380"> <tr> <td data-bbox="398 1299 989 1380">\$200 copay</td> <td data-bbox="989 1299 1577 1380">\$200 copay</td> </tr> </table>		\$200 copay	\$200 copay
	\$200 copay	\$200 copay		
<p>Air ambulance:</p> <table border="1" data-bbox="398 1445 1577 1529"> <tr> <td data-bbox="398 1445 989 1529">\$200 copay</td> <td data-bbox="989 1445 1577 1529">\$200 copay</td> </tr> </table>		\$200 copay	\$200 copay	
\$200 copay	\$200 copay			
Transportation	<p>Routine non-emergent medical transportation services are covered for in-network medical appointments or visits to providers within the plan service area. Trips to and from a pharmacy are excluded. A minimum of 72 hours advance notice is required to schedule a stretcher transport/electric wheelchair transport and 48 hours for wheelchair and ambulatory sedan transports. This service is available Monday-Friday only." Trips must be scheduled through SummaCare's transportation vendor, HOMELINK.</p>			
	\$0 copay for 50 one-way trips per calendar year.	\$0 copay for six one-way trips per calendar year.		

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Amber NE (HMO)	SummaCare Medicare Amber NW (HMO)
Medicare Part B Drugs	For Part B-covered chemotherapy drugs and other Part B-covered drugs: Insulin cost sharing is subject to a coinsurance cap of \$35 for one-month's supply of insulin.	
	Up to 20% of the cost	Up to 20% of the cost
Additional Benefits		
Acupuncture	General acupuncture: Up to six visits per calendar year for any combination of general acupuncture services and therapeutic massage services performed by in-network providers are covered. The visit limit is combined with the acupuncture benefit. Visits must be scheduled through SummaCare's Acupuncture/ Therapeutic Massage vendor, HOMELINK	
	\$20 copay	\$20 copay
	For chronic lower back pain: Up to a maximum of 20 treatments per year for each Medicare-covered acupuncture treatment visit for chronic low back pain. Visits must be scheduled through HOMELINK.	
	\$20 copay	\$20 copay
Telehealth Services	For each primary care, dermatological, behavioral health and substance abuse telehealth visit provided through Teladoc® or another in-network provider:	
	\$0 copay	\$0 copay
	For all other in-network telehealth specialist visits:	
	\$20 copay	\$20 copay
Papa Pals	Hang Out and Help Out. Papa pairs older adults and families with Papa Pals for companionship and assistance with everyday tasks. Get help around the house, including light housework, a ride to the doctor's office, pharmacy (or anywhere around town), help with errands or simply someone to talk to. Providing support to SummaCare Medicare Advantage members also offers relief and respite to caregivers.	
	Up to 90 hours of assistance	Up to 90 hours of assistance
Visitor/Travel Coverage	SummaCare Medicare members who are visiting the states of Arizona, Florida and Texas receive all plan-covered services through the Visitor/Travel coverage.	
Assist America®	There is no coinsurance, copayment or deductible for emergency travel assistance services provided through Assist America.	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Amber NE (HMO)	SummaCare Medicare Amber NW (HMO)
Meal Delivery	You are covered for a maximum of 28 meals (two per day for seven days) following a hospital discharge or for diabetics with a high A1C level.	
Therapeutic Massage	Up to six visits per calendar year for any combination of general acupuncture services and therapeutic massage services performed by in-network providers are covered. The visit limit is combined with the acupuncture benefit. Visits must be scheduled through SummaCare's Acupuncture/ Therapeutic Massage vendor, HOMELINK.	
	\$20 copay	\$20 copay
Home Safety Devices	If you have had a diagnosis of any of the following: hip replacement, knee replacement, femur fractures or a diagnosis of falls within the past 12 months, as documented by a provider, you are eligible for home safety devices. A list of covered equipment devices is available at summacare.com . Items must be purchased through HOMELINK. Otherwise you will be responsible for the full cost of those items and no payment will be made.	
	\$150 allowance per year	\$150 allowance per year
Chiropractic Care (Medicare-Covered)	\$20 copay	\$20 copay
Foot Care (Podiatry Services)	\$30 copay	\$30 copay
Home Health Care	\$0 copay	\$0 copay
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care.	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Amber NE (HMO)	SummaCare Medicare Amber NW (HMO)
Medical Equipment/Supplies	Durable medical equipment (e.g., wheelchairs, oxygen):	
	20% of the cost	20% of the cost
	Prosthetic devices (e.g., braces, artificial limbs):	
	20% of the cost	20% of the cost
	Diabetes monitoring supplies manufactured by Abbott and/or Lifescan:	
\$0 copay	\$0 copay	
Diabetes self-management training:		
You pay nothing.	You pay nothing.	
Therapeutic shoes or inserts:		
20% of the cost	20% of the cost	
Outpatient Substance Abuse	Group therapy visit:	
	\$30 copay	\$30 copay
Individual therapy visit:		
\$30 copay	\$30 copay	
Opioid Treatment Program Services	<p>Opioid use disorder treatment services are covered under Part B of Original Medicare. Members of our plan receive coverage for these services through our plan. Covered services include:</p> <ul style="list-style-type: none"> • FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable • Substance use counseling • Individual and group therapy • Intake activities • Periodic assessments • Toxicology testing 	
	\$0 copay	\$0 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Amber NE (HMO)	SummaCare Medicare Amber NW (HMO)
Over-the-Counter Items	Coverage includes non-prescription over-the-counter health-related items like vitamins, pain relievers, cough and cold medicines and first aid supplies. Refer to your 2024 OTC Product Catalog or visit summacareotc.com for a complete list of plan-approved OTC items. You may also conduct a product search by retail location at summacareotc.com . Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.	
	\$100 allowance per quarter	\$25 allowance per quarter
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>	
	\$40 copay	\$40 copay
Renal Dialysis	20% of the cost	20% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Amber NE (HMO)	SummaCare Medicare Amber NW (HMO)
Health and Wellness Programs and Services	<ul style="list-style-type: none"> • BrainHQ: Members have access to BrainHQ™, an online, evidence-based program to address your overall brain health. BrainHQ has dozens of exercises that have been scientifically proven to help people think faster, focus better and remember more. BrainHQ adjusts to meet the needs of your unique brain over time; providing the best exercises at the right pace your brain needs to be at its sharpest. • SilverSneakers® Fitness Program: SilverSneakers can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations. You have access to a nationwide network of participating locations where you can take classes and use exercise equipment and other amenities. Enroll in as many locations as you like, at any time. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. You also have access to instructors who lead specially designed group exercise classes in-person and online, seven days a week. Additionally, SilverSneakers Community gives you options to get active outside of traditional gyms at recreation centers, parks and other neighborhood locations. • 24-Hour Nurse Line • QuitCare • Health Manager Powered by WebMD® • Enhanced Condition and Care Management Programs 	
	You pay nothing.	You pay nothing.

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Amber NE (HMO)	SummaCare Medicare Amber NW (HMO)
<p>Optional Supplemental Dental</p>	<p>If you elect to enroll in this optional supplemental dental plan, you'll pay an additional \$35 per month in order to obtain the following additional benefits. You must keep paying your Medicare Part B premium and your SummaCare Medicare plan premium.</p> <ul style="list-style-type: none"> • If you purchase this optional supplemental dental benefit, the plan will pay a total maximum benefit of \$2,000 per benefit year. This includes your preventive and supplemental dental benefits. • Services must be received through Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network of providers. • Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network are NOT covered benefits. • There is no waiting period for coverage to begin. <p>The following benefits are in addition to the embedded benefits covered in your plan see page 24.</p>	
<p>Inlays/Onlays:</p>		
50% coinsurance		50% coinsurance
<p>Periodontal Maintenance:</p>		
50% coinsurance		50% coinsurance
<p>Periodontal Non-Surgical Procedures:</p>		
50% coinsurance		50% coinsurance
<p>Periodontal Surgical Procedures:</p>		
50% coinsurance		50% coinsurance
<p>Denture Relines/Repairs:</p>		
50% coinsurance		50% coinsurance
<p>Bridge Repairs:</p>		
50% coinsurance		50% coinsurance
<p>Surgical Extractions/Oral Surgery:</p>		
50% coinsurance		50% coinsurance

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Amber NE (HMO)	SummaCare Medicare Amber NW (HMO)
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Optional Supplemental Dental Continued

Optional Supplemental Dental	SummaCare Medicare Amber NE (HMO)	SummaCare Medicare Amber NW (HMO)
	Brush Biopsy: 50% coinsurance	50% coinsurance
	Occlusal Guards/Occlusal Adjustments: 50% coinsurance	50% coinsurance
	General Anesthesia or IV Sedation when medically necessary: 50% coinsurance	50% coinsurance

Things to Know About SummaCare Amber

What do we cover?

SummaCare Medicare Advantage plans cover everything Original Medicare covers and more.

Which providers and hospitals can I use?

SummaCare Medicare Amber (HMO) has a network of providers and hospitals. If you use providers that are not in our network, the plan may not pay for these services – except for emergency, urgent and out-of-area renal dialysis services. Out-of-network/non-contracted providers are under no obligation to treat SummaCare members, except in emergency situations. Please call our Member Services number or request an Evidence of Coverage (EOC) document for more information, including the cost sharing that applies to out-of-network services. You can see our plan's provider directory on our website, summacare.com/medicare, or call us and we will send you a copy of the provider directory. The plan in this Summary of Benefits (SOB) document also includes Visitor/Travel coverage.

Want to learn more?

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

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

This is a summary document. The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the EOC. To request the EOC, please call **888.464.8440 (TTY 711)**.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or order a copy by calling **1.800.MEDICARE (1.800.633.4227)**, 24 hours a day, 7 days a week. TTY users should call **1.877.486.2048**.

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

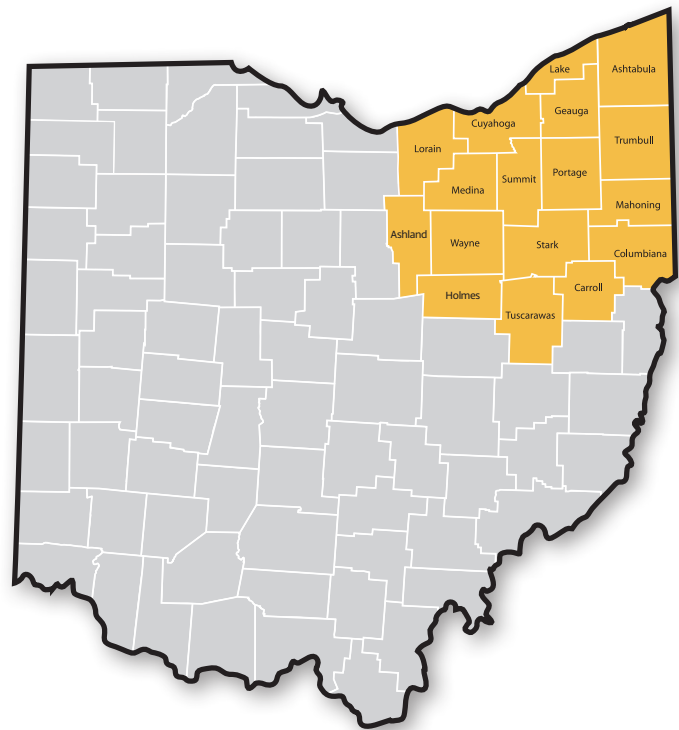
- **1.800.MEDICARE (1.800.633.4227)**, 24 hours a day, 7 days a week.. TTY/TDD users call **1.877.486.2048**.
- The Social Security Administration at **1.800.772.1213**, Monday – Friday, 7 a.m. to 7 p.m. TTY/TDD users call **1.800.325.0778**.

Amber HMO Plan

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

SummaCare Medicare Amber NE (HMO) \$0 Monthly Premium

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



SummaCare Medicare Amber NW (HMO) \$0 Monthly Premium

This plan is available to residents living in the 14 shaded counties on the map to the left. If you live in a county named on the map, you are eligible to enroll in this HMO plan.



summacare.com/medicare