



Summary of Benefits Jade (HMO)

Plan Year January 1, 2024 through December 31, 2024

SummaCare Medicare Jade NE (HMO) (H3660_056)

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

SummaCare Medicare Jade NW (HMO) (H3660_056)

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

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

Summary of Benefits

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Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Monthly Plan Premium	You must continue to pay your Medicare Part B premium.	
	You pay \$20.	You pay \$20.
Medical Deductible	You pay nothing.	You pay nothing.
Maximum Out-of-Pocket Responsibility	<ul style="list-style-type: none"> Does not include prescription drugs. Includes copays and other costs for medical services throughout the year. Copays for hearing aids, dental services or costs members pay for vision hardware do not count towards the maximum out-of-pocket. 	
	\$3,850	\$3,850
Inpatient Hospital Coverage	Our plan pays for an unlimited number of days for an inpatient hospital stay.	
	\$325 copay per day for days 1 through 6. You pay nothing after day 6.	\$335 copay per day for days 1 through 6. You pay nothing after day 6.
Outpatient Hospital Coverage	Outpatient hospital:	
	\$305 copay	\$305 copay
	Observation services:	
	\$305 copay	\$305 copay
Ambulatory Surgical Center	\$305 copay	\$305 copay
Provider Visits	You are not required to receive authorization before seeking care from any specialists.	
	Primary care provider visit:	
	You pay nothing.	You pay nothing.
Specialist visit:		
	\$35 copay	\$40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Preventive Care	<p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual Wellness Visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) 	<ul style="list-style-type: none"> • Depression screening • Diabetes screening • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screening and counseling • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines (including flu shots, Hepatitis B shots, pneumococcal shots) • “Welcome to Medicare” preventive visit (one-time)
	You pay nothing.	You pay nothing.
Emergency Care	<p>If you are admitted to the hospital within 24 hours, you do not have to pay the copay. Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.</p>	
	\$120 copay per visit	\$120 copay per visit
Urgently Needed Services	<p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care but given your circumstances, it is not possible, or it is unreasonable, to obtain services from network providers. Cost sharing for necessary urgently needed services furnished out-of-network is the same as for such services furnished in-network</p> <p>Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.</p>	
	\$25 copay per visit	\$30 copay per visit

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Diagnostic Services/Labs/Imaging	The copay is based on where the procedure takes place. You pay a lower copay at a physician's office (office visit copay may apply). You pay a higher copay at all other locations.	
	Diagnostic radiology service (e.g., MRI):	
	\$150 copay	\$150 copay
	Diagnostic tests and procedures:	
	\$0-\$100 copay, depending on the location	\$0-\$125 copay, depending on the location
	Lab services:	
	\$0-\$8 copay, depending on the location	\$0-\$10 copay, depending on the location
	Outpatient X-rays:	
	\$0-\$110 copay, depending on the location	\$0-\$110 copay, depending on the location
	Therapeutic radiology services (such as radiation treatment for cancer):	
	20% of the cost	20% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Hearing Services	You are covered for an annual routine hearing exam every year. Services for hearing aids must be received through SummaCare's in-network provider, Amplifon. You receive one year of follow-up care. Risk-free trial of 60 days. Two-year battery support (battery supply or charging station.) There is no copay for a hearing aid fitting/evaluation.	
	Diagnostic hearing exam: \$0-\$15 copay \$0-\$15 copay	
	Supplemental routine hearing exam: \$0 copay \$0 copay	
	Hearing aids: Limit one per ear every year. If a member has a preference toward an alternate model, Amplifon does have additional hearing-aid models available for purchase at a discounted rate. \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids \$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids	
Dental Services	Preventive dental covers two cleanings, two exams, one bitewing X-ray per year and 1 fluoride treatment. Preventive dental also includes full mouth or panoramic X-rays once every five years, periapical X-rays as needed and emergency treatment of dental pain as needed. \$0 copay per visit \$0 copay per visit	
	Comprehensive Dental Services: <ul style="list-style-type: none"> • You pay \$0 for fillings, root canals and simple extractions. • You pay 20% coinsurance for bridges, crowns and dentures. • \$3,000 calendar year maximum for preventive and comprehensive dental services. • Must use Delta Dental of Ohio Medicare Advantage PPO network. 	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)										
<p>Vision Service</p>	<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="455 802 1612 872"> <tr> <td data-bbox="455 802 1035 872">\$0 copay</td> <td data-bbox="1035 802 1612 872">\$0 copay</td> </tr> </table> <hr/> <p>Supplemental routine eye exam:</p> <table border="1" data-bbox="455 943 1612 1013"> <tr> <td data-bbox="455 943 1035 1013">\$0 copay</td> <td data-bbox="1035 943 1612 1013">\$0 copay</td> </tr> </table> <hr/> <p>Annual prescription eyewear allowance:</p> <table border="1" data-bbox="455 1084 1612 1154"> <tr> <td data-bbox="455 1084 1035 1154">\$265 allowance</td> <td data-bbox="1035 1084 1612 1154">\$240 allowance</td> </tr> </table> <hr/> <p>Glasses or contact lenses after cataract surgery:</p> <table border="1" data-bbox="455 1225 1612 1295"> <tr> <td data-bbox="455 1225 1035 1295">You pay nothing.</td> <td data-bbox="1035 1225 1612 1295">You pay nothing.</td> </tr> </table> <hr/> <p>Yearly glaucoma screening:</p> <table border="1" data-bbox="455 1366 1612 1437"> <tr> <td data-bbox="455 1366 1035 1437">You pay nothing.</td> <td data-bbox="1035 1366 1612 1437">You pay nothing.</td> </tr> </table>		\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$265 allowance	\$240 allowance	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.
\$0 copay	\$0 copay											
\$0 copay	\$0 copay											
\$265 allowance	\$240 allowance											
You pay nothing.	You pay nothing.											
You pay nothing.	You pay nothing.											
<p>Mental Health Services</p>	<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="455 1672 1612 1825"> <tr> <td data-bbox="455 1672 1035 1825">\$325 copay per day for days 1 through 5. You pay nothing after day 5.</td> <td data-bbox="1035 1672 1612 1825">\$335 copay per day for days 1 through 5. You pay nothing after day 5.</td> </tr> </table> <hr/> <p>Outpatient group therapy visit:</p> <table border="1" data-bbox="455 1895 1612 1966"> <tr> <td data-bbox="455 1895 1035 1966">\$35 copay</td> <td data-bbox="1035 1895 1612 1966">\$40 copay</td> </tr> </table> <hr/> <p>Outpatient individual therapy visit:</p> <table border="1" data-bbox="455 2036 1612 2107"> <tr> <td data-bbox="455 2036 1035 2107">\$35 copay</td> <td data-bbox="1035 2036 1612 2107">\$40 copay</td> </tr> </table>		\$325 copay per day for days 1 through 5. You pay nothing after day 5.	\$335 copay per day for days 1 through 5. You pay nothing after day 5.	\$35 copay	\$40 copay	\$35 copay	\$40 copay				
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Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Skilled Nursing Facility	Our plan covers up to 100 days in a Skilled Nursing Facility. No prior hospital stay required.	
	You pay nothing per day for days 1 through 20. \$196 copay per day for days 21 through 100.	You pay nothing per day for days 1 through 20. \$196 copay per day for days 21 through 100.
Rehabilitation and Physical Therapy	Cardiac (heart) rehab services:	
	You pay nothing.	You pay nothing.
	Occupational therapy visit:	
\$35 copay	\$40 copay	
Physical therapy and speech and language therapy visit:		
\$35 copay	\$40 copay	
Ambulance	Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of \$25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.	
	Ground ambulance:	
	\$290 copay	\$300 copay
Air ambulance:		
\$290 copay	\$300 copay	
Medicare Part B Drugs	For Part B-covered chemotherapy drugs and other Part B-covered drugs:	
	Insulin cost sharing is subject to a coinsurance cap of \$35 for one-month's supply of insulin.	
	Up to 20% of the cost	Up to 20% of the cost

Summary of Benefits

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

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

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
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Part D Prescription Drugs continued

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

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

Summary of Benefits

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

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Outpatient Substance Abuse	Group therapy visit: \$35 copay	\$40 copay
	Individual therapy visit: \$35 copay	\$40 copay
Opioid Treatment Program Services	Opioid use disorder treatment services are covered under Part B of Original Medicare. Members of our plan receive coverage for these services through our plan. Covered services include:	
	<ul style="list-style-type: none"> • FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable • Substance use counseling 	<ul style="list-style-type: none"> • Individual and group therapy • Intake activities • Periodic assessments • Toxicology testing
	\$0 copay	\$0 copay
Partial Hospitalization	<p>“Partial hospitalization” is a structured program of active psychiatric treatment provided as a hospital outpatient service or by a community mental health center, that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p> <p>Intensive outpatient service is a structured program of active behavioral (mental) health therapy treatment provided in a hospital outpatient department, a community mental health center, a Federally qualified health center, or a rural health clinic that is more intense than the care received in your doctor’s or therapist’s office but less intense than partial hospitalization</p>	
	\$45 copay	\$45 copay
Over-the-Counter Items	Coverage includes non-prescription over-the-counter health-related items like vitamins, pain relievers, cough and cold medicines and first aid supplies. Refer to your 2024 OTC Product Catalog or visit summacareotc.com for a complete list of plan-approved OTC items. You may also conduct a product search by retail location at summacareotc.com . Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.	
	\$85 allowance per quarter	\$65 allowance per quarter
Renal Dialysis	20% of the cost	20% of the cost
Health and Wellness Programs and Services	<ul style="list-style-type: none"> • 24-Hour Nurse Line • QuitCare • Health Manager powered by WebMD® 	<ul style="list-style-type: none"> • Enhanced Condition and Care Management Programs

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
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Bene-Flex Supplemental Benefits Options

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



Tier 1 (Pick 3)	Pick 3	
Therapeutic Massage Therapy	Includes up to 10 therapeutic massage therapy visits performed by in-network providers. Service requires a provider referral before use.	
	\$0 copay	\$0 copay
Acupuncture Services	Includes up to 10 general acupuncture visits performed by in-network providers. Visits must be scheduled through HOMELINK.	
	\$0 copay	\$0 copay
Fitness Tracker	One Fitbit® fitness tracker per calendar year. Must be ordered through SummaCare's vendor, Tivity Health.	
	\$0 copay	\$0 copay
Toenail Trimming	Includes up to six visits per calendar year performed by an in-network podiatrist.	
	\$0 copay	\$0 copay
Nutrition Coaching	Up to four visits via Teladoc per calendar year for medical nutrition coaching services. If additional coaching services are needed, they can be provided by a SummaCare registered dietitian.	
	\$0 copay	\$0 copay
BrainHQ	Members have access to BrainHQ™, an online, evidence-based program to address your overall brain health. BrainHQ has dozens of exercises that have been scientifically proven to help people think faster, focus better and remember more. BrainHQ adjusts to meet the needs of your unique brain over time; providing the best exercises at the right pace your brain needs to be at its sharpest. You can use BrainHQ on almost any computer or mobile device.	
	\$0 copay	\$0 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
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Additional Bene-Flex Supplemental Benefit Options (Select these upon enrollment)

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

Summary of Benefits

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

Tier 3 (Pick 1)

Pick
1

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

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
<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 \$3,000 per benefit year. This includes your preventive and supplemental dental benefits. • Services must be received through Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network of providers. • Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network are NOT covered benefits. • There is no waiting period for coverage to begin. <p>• The following benefits are in addition to the embedded benefits covered in your plan see page 50.</p>	
Inlays/Onlays:		
50% coinsurance		50% coinsurance
Periodontal Maintenance:		
50% coinsurance		50% coinsurance
Periodontal Non-Surgical Procedures:		
50% coinsurance		50% coinsurance
Periodontal Surgical Procedures:		
50% coinsurance		50% coinsurance
Denture Relines/Repairs:		
50% coinsurance		50% coinsurance
Bridge Repairs:		
50% coinsurance		50% coinsurance

Summary of Benefits

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

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



SummaCareSM
Health Insurance

Jade with Bene-Flex™

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

What do we cover?

SummaCare Medicare Advantage plans cover everything Original Medicare covers and more. All of our plans (except Amber (HMO) include Medicare (Part D) prescription drugs. You can see the complete plan formulary (list of covered drugs) and any restrictions on our website by visiting summacare.com/find-your-drug and then choosing "Medicare Advantage."

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use SummaCare's Medicare formulary (list of covered drugs at summacare.com/find-your-drug) to locate what tier your drug is in to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we discuss the Part D Coverage Stages: Part D deductible, Initial Coverage Stage, Coverage Gap Stage and Catastrophic Coverage Stage.

Which providers, hospitals and pharmacies can I use?

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

Want to learn more?

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

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

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

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

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

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

Jade with Bene-Flex™

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

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

Here's how it works:

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



Build your own package of benefits

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

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

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

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

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



Core Benefits

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



Dental
through
Dental Dental



Hearing Aid
Coverage



Assist
America®



Vision
Coverage



Over-the-Counter
(OTC) Items



Travel
Coverage

Choose from the following benefits to complete your coverage:

Tier 1 (Pick 3)

Pick
3

Therapeutic Massage Therapy*

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

Acupuncture Services

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

Fitness Tracker

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

Toenail Trimming

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

Nutrition Coaching

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

BrainHQ Memory Fitness

Members have access to BrainHQ™, an online, evidence-based program to address your overall brain health. BrainHQ has dozens of exercises that have been scientifically proven to help people think faster, focus better and remember more. BrainHQ adjusts to meet the needs of your unique brain over time; providing the best exercises at the right pace your brain needs to be at its sharpest. You can use BrainHQ on almost any computer or mobile device.



Tier 2 (Pick 1)

Pick
1

SilverSneakers®

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

Papa Pals

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

Chiropractic Visits

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

Transportation

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

Indoor Air Quality**

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

Post-Discharge or Chronic Care***

Meal Delivery

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

Tier 3 (Pick 1)

Pick
1

Flex Card for Vision, Dental & Hearing

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

Healthy Grocery/Pantry***

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

PERS

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

Home Safety Devices

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

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

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

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

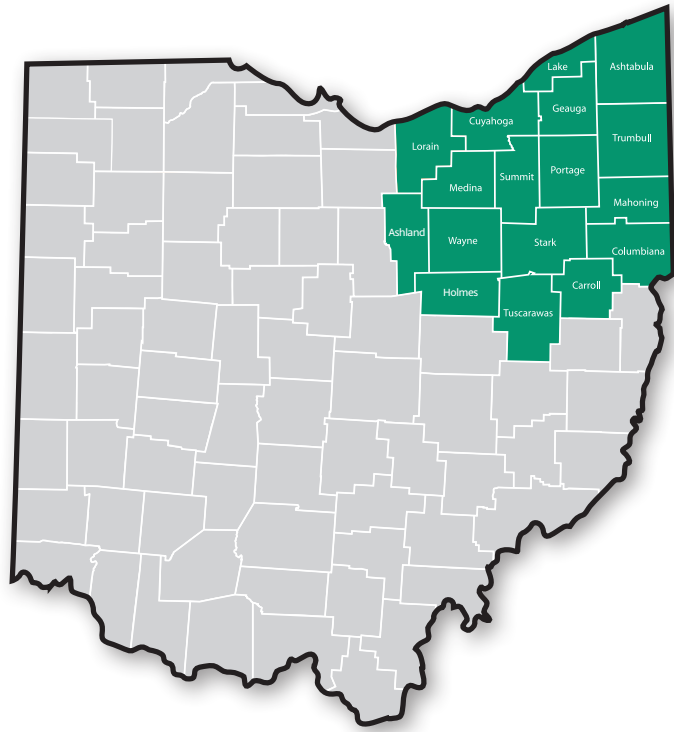
***Requires a diagnosis of diabetes mellitus and/or congestive heart failure.

Jade HMO Plans

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

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

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



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

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