Summary of Benefits
Sapphire, Emerald (POS-HMO)

Plan Year January 1, 2024 through December 31, 2024

SummaCare Medicare Sapphire (HMO-POS) (H3660_029)

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

SummaCare Medicare Emerald (HMO-POS) (H3660_028)

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

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

Summary of Benefits

KEY BENEFITS

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

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Monthly Plan Premium	You must continue to pay your Medicare Part B premium.	
	You pay $79	You pay $169
Medical Deductible	$0 copay	$0 copay
Maximum Out-of-Pocket Responsibility	• Does not include prescription drugs. • Includes copays and other costs for medical services throughout the year. Copays for hearing aids, dental services or costs members pay for vision hardware do not count towards the maximum out-of-pocket.	
	$3,550	$3,400
Inpatient Hospital Coverage	Our plan pays for an unlimited number of days for an inpatient hospital stay.	
	In-network: $240 copay per day for days 1 through 6. You pay nothing after day 6. **Out-of-network:** 25% of the cost for days 1 through 90.	**In-network:** $205 copay per day for days 1 through 5. You pay nothing after day 5. **Out-of-network:** 20% of the cost for days 1 through 90.
Outpatient Hospital Coverage	**Outpatient hospital:**	
	In-network: $250 copay **Out-of-network:** 20% of the cost	**In-network:** $175 copay **Out-of-network:** 20% of the cost
	Observation services:	
	In-network: $250 copay **Out-of-network:** 20% of the cost	**In-network:** $175 copay **Out-of-network:** 20% of the cost
Ambulatory Surgical Center	**In-network:** $250 copay **Out-of-network:** 20% of the cost	**In-network:** $175 copay **Out-of-network:** 20% of the cost
Provider Visits	You are not required to receive authorization before seeking care from any specialists.	
	Primary care provider visit:	
	In-network: $0 copay **Out-of-network:** $20 copay	**In-network:** $0 copay **Out-of-network:** $20 copay
	Specialist visit:	
	In-network: $35 copay **Out-of-network:** $55 copay	**In-network:** $0 copay **Out-of-network:** $40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Preventive Care (e.g., flu vaccines, diabetic screenings)	**Our plan covers many preventive services, including:** • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual Wellness Visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screening • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screening and counseling • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines (including flu shots, Hepatitis B shots, pneumococcal shots) • "Welcome to Medicare" preventive visit (one-time)	
	In-network: You pay nothing. **Out-of-network:** $20 copay	**In-network:** You pay nothing. **Out-of-network:** $20 copay
Emergency Care	If you are admitted to the hospital within 24 hours, you do not have to pay the copay. Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of $25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.	
	In-network: $120 copay per visit **Out-of-network:** $120 copay per visit	**In-network:** $120 copay per visit **Out-of-network:** $120 copay per visit
Urgently Needed Services	Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care but given your circumstances, it is not possible, or it is unreasonable, to obtain services from network providers. Cost sharing for necessary urgently needed services furnished out-of-network is the same as for such services furnished in-network Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of $25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.	
	In-network: $25 copay per visit **Out-of-network:** $25 copay per visit	**In-network:** $25 copay per visit **Out-of-network:** $25 copay per visit

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Diagnostic Services/Labs/ Imaging	The copay is based on where the procedure takes place. You pay a lower copay at a provider's office (office visit copay may apply). You pay a higher copay at all other locations.	
	Diagnostic radiology service (e.g., MRI):	
	In-network: $150 copay **Out-of-network:** 30% of the cost	**In-network:** $100 copay **Out-of-network:** 30% of the cost
	Diagnostic tests and procedures:	
	In-network: $0–$99 copay, depending on the location **Out-of-network:** 30% of the cost	**In-network:** $0–$75 copay, depending on the location **Out-of-network:** 30% of the cost
	Lab services:	
	In-network: $0–$6 copay, depending on the location **Out-of-network:** 30% of the cost	**In-network:** $0–$4 copay, depending on the location **Out-of-network:** 30% of the cost
	Outpatient X-rays:	
	In-network: $0–$99 copay, depending on the location **Out-of-network:** 30% of the cost	**In-network:** $0–$75 copay, depending on the location **Out-of-network:** 30% of the cost
	Therapeutic radiology services (such as radiation treatment for cancer):	
	In-network: 20% of the cost **Out-of-network:** 30% of the cost	**In-network:** 20% of the cost **Out-of-network:** 30% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Hearing Services	You are covered for an annual routine hearing exam every year. Services for hearing aids must be received through SummaCare's in-network provider, Amplifon. You receive one year of follow-up care. Risk-free trial of 60 days. Two-year battery support (battery supply or charging station.) There is no copay for a hearing aid fitting/evaluation.	
	Diagnostic hearing exam:	
	In-network: $0–$15 copay **Out-of-network:** $55 copay	**In-network:** $0 copay **Out-of-network:** $40 copay
	Supplemental routine hearing exam:	
	In-network: $0 copay **Out-of-network:** $55 copay	**In-network:** $0 copay **Out-of-network:** $40 copay
	Hearing aids: Limit one per ear every year. If a member has a preference toward an alternate model, Amplifon does have additional hearing-aid models available for purchase at a discounted rate.	
	In-network: $395 per hearing aid for Level 1 hearing aids and $695 per hearing aid for Level 2 hearing aids **Out-of-network:** Not covered	**In-network:** $395 per hearing aid for Level 1 hearing aids and $695 per hearing aid for Level 2 hearing aids **Out-of-network:** Not covered
Dental Services	**Preventive dental** covers two cleanings, two exams, one bitewing X-ray and one fluoride treatment per year. Preventive dental also includes full mouth or panoramic X-rays once every five years, periapical X-rays as needed and emergency treatment of dental pain as needed.	
	$0 copay per visit	$0 copay per visit
	Comprehensive Dental Services: • You pay 50% coinsurance for fillings, root canals and simple extractions. • You pay 70% coinsurance for bridges, crowns and dentures. • $2,000 calendar year maximum for preventive and comprehensive dental services. • Must use Delta Dental of Ohio Medicare Advantage PPO network.	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Vision Services	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.	
	Diagnostic eye exam:	
	In-network: $0 copay **Out-of-network:** $55 copay	**In-network:** $0 copay **Out-of-network:** $40 copay
	Supplemental routine eye exam:	
	In-network: $0 copay **Out-of-network:** $55 copay	**In-network:** $0 copay **Out-of-network:** $40 copay
	Annual prescription eyewear allowance:	
	$305 allowance	$300 allowance
	Glasses or contact lenses after cataract surgery:	
	In-network: You pay nothing. **Out-of-network:** you pay nothing.	**In-network:** You pay nothing. **Out-of-network:** you pay nothing.
	Yearly glaucoma screening:	
	In-network: You pay nothing. **Out-of-network:** you pay nothing.	**In-network:** You pay nothing. **Out-of-network:** you pay nothing.

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Mental Health Services	There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day lifetime limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.	
	Inpatient visit:	
	In-network: $240 copay per day for days 1 through 5. You pay nothing after day 5. **Out-of-network:** 25% of the cost for days 1 through 90.	**In-network:** $205 copay per day for days 1 through 4. You pay nothing after day 4. **Out-of-network:** 20% of the cost for days 1 through 90.
	Outpatient group therapy visit:	
	In-network: $35 copay **Out-of-network:** $55 copay	**In-network:** $0 copay **Out-of-network:** $40 copay
	Outpatient individual therapy visit:	
	In-network: $35 copay **Out-of-network:** $55 copay	**In-network:** $0 copay **Out-of-network:** $40 copay
Skilled Nursing Facility	Our plan covers up to 100 days in a Skilled Nursing Facility. No prior hospital stay required.	
	In-network: $0 copay per day for days 1 through 20. $188 copay per day for days 21 through 100. **Out-of-network:** $188 copay per day for days 1 through 100.	**In-network:** $0 copay per day for days 1 through 20. $188 copay per day for days 21 through 100. **Out-of-network:** $188 copay per day for days 1 through 100.

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Rehabilitation and Physical Therapy	**Cardiac (heart) rehab services:**	
	In-network: You pay nothing. **Out-of-network:** $55 copay	**In-network:** You pay nothing. **Out-of-network:** $40 copay
	Occupational therapy visit:	
	In-network: $35 copay **Out-of-network:** $55 copay	**In-network:** $0 copay **Out-of-network:** $40 copay
	Physical therapy and speech and language therapy visit:	
	In-network: $35 copay **Out-of-network:** $55 copay	**In-network:** $0 copay **Out-of-network:** $40 copay
Ambulance	Emergency, urgent care and ambulance services outside of the United States are covered up to a maximum of $25,000 each year. This includes emergency ambulance occurring immediately before a covered emergency visit.	
	Ground ambulance:	
	In-network: $200 copay **Out-of-network:** $200 copay	**In-network:** $200 copay **Out-of-network:** $200 copay
	Air ambulance:	
	In-network: $200 copay **Out-of-network:** $200 copay	**In-network:** $200 copay **Out-of-network:** $200 copay
Transportation	Routine non-emergent medical transportation services are covered for in-network medical appointments or visits to providers within the plan service area. **Trips must be scheduled through SummaCare's transportation vendor, HOMELINK.**	
	In-network: $0 copay for 10 one-way trips per calendar year. **Out-of-network:** Not covered	**In-network:** $0 copay for 12 one-way trips per calendar year. **Out-of-network:** Not covered
Medicare Part B Drugs	**For Part B-covered chemotherapy drugs and other Part B-covered drugs:** Insulin cost sharing is subject to a coinsurance cap of $35 for one-month's supply of insulin.	
	In-network: Up to 20% of the cost **Out-of-network:** 30% of the cost	**In-network:** Up to 20% of the cost **Out-of-network:** 30% of the cost

Summary of Benefits

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

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Part D Prescription Drugs continued		
Coverage Gap Stage	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. 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. 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.	
Catastrophic Coverage Stage	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.	
Insulin Cost Sharing	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 Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Additional Benefits		
Acupuncture Services	**General acupuncture:** Includes any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year. Visits must be scheduled through HOMELINK.	
	Not covered	**In-network:** $10 copay per visit for any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year. **Out-of-network:** Not covered
	For chronic lower back pain: Up to a maximum of 20 treatments per year for each Medicare-covered acupuncture treatment visit for chronic low back pain. Visits must be scheduled through HOMELINK.	
	In-network: $35 copay **Out-of-network:** $55 copay	**In-network:** $10 copay **Out-of-network:** $40 copay
Telehealth Services	For each primary care, dermatological, behavioral health and substance abuse telehealth visit provided through Teladoc® or another in-network provider.	
	In-network: $0 copay **Out-of-network:** Not covered	**In-network:** $0 copay **Out-of-network:** Not covered
	For all other in-network telehealth specialist visits:	
	In-network: $20 copay **Out-of-network:** Not covered	**In-network:** $20 copay **Out-of-network:** Not covered
PERS (Personal Emergency Response System)	Offered with the Emerald plan only, the Personal Emergency Response System (PERS), through ConnectAmerica, is a mobile device worn as a pendant or around the wrist which offers access to emergency assistance 24/7/365 at the press of a button, whether or not you are at home. The device is GPS-enabled and has optional fall detection capabilities. Coverage includes the mobile device, charging cradle and monthly monitoring in the home.	
	Not covered	$0 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Papa Pals	**Hang Out and Help Out.** Papa pairs older adults and families with Papa Pals for companionship and assistance with everyday tasks. Get help around the house, including light housework, a ride to the doctor's office, pharmacy (or anywhere around town), help with errands or simply someone to talk to. Providing support to SummaCare Medicare Advantage members also offers relief and respite to caregivers.	
	Up to 60 hours of assistance	Up to 80 hours of assistance
Visitor/Travel Coverage	SummaCare Medicare members who are visiting the states of Arizona, Florida or Texas receive all plan-covered services through this Visitor/Travel coverage.	
Assist America®	There is no coinsurance, copayment or deductible for emergency travel assistance services provided through Assist America.	
Meal Delivery	You are covered for a maximum of 14 meals (two per day for seven days) following a hospital discharge or for diabetics with a high A1C level.	
Therapeutic Massage	Includes any combination of therapeutic massage and acupuncture service visits. This is limited to six visits per calendar year.	
	Not covered	**In-network:** $10 copay per visit for any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year. **Out-of-network:** Not covered
Home Safety Devices	If you have had a diagnosis of any of the following: hip replacement, knee replacement, femur fractures or a diagnosis of falls within the past 12 months, as documented by a provider, you are eligible for home safety devices. A list of covered equipment devices is available at **summacare.com**. Items must be purchased through HOMELINK. Otherwise you will be responsible for the full cost of those items and no payment will be made.	
	In-network: $225 allowance per year **Out-of-network:** Not covered	**In-network:** $250 allowance per year **Out-of-network:** Not covered
Chiropractic Care (Medicare-covered)	**In-network:** $20 copay **Out-of-network:** $55 copay	**In-network:** $0 copay **Out-of-network:** $40 copay
Foot Care (Podiatry Services)	**In-network:** $35 copay **Out-of-network:** $55 copay	**In-network:** $0 copay **Out-of-network:** $40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Home Health Care	**In-network:** $0 copay **Out-of-network:** 20% of the cost	**In-network:** $0 copay **Out-of-network:** 20% of the cost
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care.
Medical Equipment/ Supplies	**Durable medical equipment (e.g., wheelchairs, oxygen):**	
	In-network: 20% of the cost **Out-of-network:** 30% of the cost	**In-network:** 20% of the cost **Out-of-network:** 30% of the cost
	Prosthetic devices (e.g., braces, artificial limbs):	
	In-network: 20% of the cost **Out-of-network:** 30% of the cost	**In-network:** 20% of the cost **Out-of-network:** 30% of the cost
	Diabetes monitoring supplies manufactured by Abbott and/or Lifescan:	
	In-network: $0 copay **Out-of-network:** 30% of the cost	**In-network:** $0 copay **Out-of-network:** 30% of the cost
	Diabetes self-management training:	
	In-network: $0 copay **Out-of-network:** $20 copay	**In-network:** $0 copay **Out-of-network:** $20 copay
	Therapeutic shoes or inserts:	
	In-network: 20% of the cost **Out-of-network:** 30% of the cost	**In-network:** 20% of the cost **Out-of-network:** 30% of the cost
Outpatient Substance Abuse	**Group therapy visit:** **In-network:** $35 copay **Out-of-network:** $55 copay	**In-network:** $0 copay **Out-of-network:** $40 copay
	Individual therapy visit: **In-network:** $35 copay **Out-of-network:** $55 copay	**In-network:** $0 copay **Out-of-network:** $40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Opioid Treatment Program Services	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: • FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable • Substance-use counseling • Individual and group therapy • Intake activities • Periodic assessments • Toxicology testing	
	In-network: $0 copay **Out-of-network:** $55 copay	**In-network:** $0 copay **Out-of-network:** $40 copay
Partial Hospitalization	"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. 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.	
	In-network: $40 copay **Out-of-network:** $55 copay	**In-network:** $20 copay **Out-of-network:** $40 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 service at **summacareotc.com**. Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.	
	In-network: $80 allowance per quarter **Out-of-network:** Not covered	**In-network:** $55 allowance per quarter **Out-of-network:** Not covered
Renal Dialysis	**In-network:** 20% of the cost **Out-of-network:** 20% of the cost	**In-network:** 20% of the cost **Out-of-network:** 20% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Health and Wellness Programs and Services	• Brain HQ: Members have access to BrainHQ™, an online, evidence-based program to address your overall brain health. BrainHQ has dozens of exercises that have been scientifically proven to help people think faster, focus better and remember more. BrainHQ adjusts to meet the needs of your unique brain over time; providing the best exercises at the right pace your brain needs to be at its sharpest. • SilverSneakers® Fitness Program: SilverSneakers can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations. You have access to a nationwide network of participating locations where you can take classes and use exercise equipment and other amenities. Enroll in as many locations as you like, at any time. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. You also have access to instructors who lead specially designed group exercise classes in-person and online, seven days a week. Additionally, SilverSneakers Community gives you options to get active outside of traditional gyms at recreation centers, parks and other neighborhood locations. • 24-Hour Nurse Line • QuitCare • Health Manager Powered by WebMD® • Enhanced Condition and Care Management Programs	

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Optional Supplemental Dental	IIf 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. • If you purchase this optional supplemental dental benefit, the plan will pay a total maximum benefit of $2,000 per benefit year. This includes your preventive and supplemental dental benefits. • Services must be received through Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network of providers. • Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Medicare Advantage Premier network are NOT covered benefits. • There is no waiting period for coverage to begin. The following benefits are in addition to the embedded benefits covered in your plan see page 76.	
	Inlays/Onlays:	
	50% coinsurance	50% coinsurance
	Periodontal Maintenance:	
	50% coinsurance	50% coinsurance
	Periodontal Non-Surgical Procedures:	
	50% coinsurance	50% coinsurance
	Periodontal Surgical Procedures:	
	50% coinsurance	50% coinsurance
	Denture Relines/Repairs:	
	50% coinsurance	50% coinsurance
	Bridge Repairs:	
	50% coinsurance	50% coinsurance
	Surgical Extractions/Oral Surgery:	
	50% coinsurance	50% coinsurance

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Sapphire (HMO-POS)	SummaCare Medicare Emerald (HMO-POS)
Optional Supplemental Dental Continued		
Optional Supplemental Dental	**Brush Biopsy:**	
	50% coinsurance	50% coinsurance
	Occlusal Guards/Occlusal Adjustments:	
	50% coinsurance	50% coinsurance
	General Anesthesia or IV Sedation when medically necessary:	
	50% coinsurance	50% coinsurance

Things to Know About SummaCare Sapphire and Emerald

What do we cover?

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

How will I determine my drug costs?

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

Which providers, hospitals and pharmacies can I use?

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

Want to learn more?

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

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

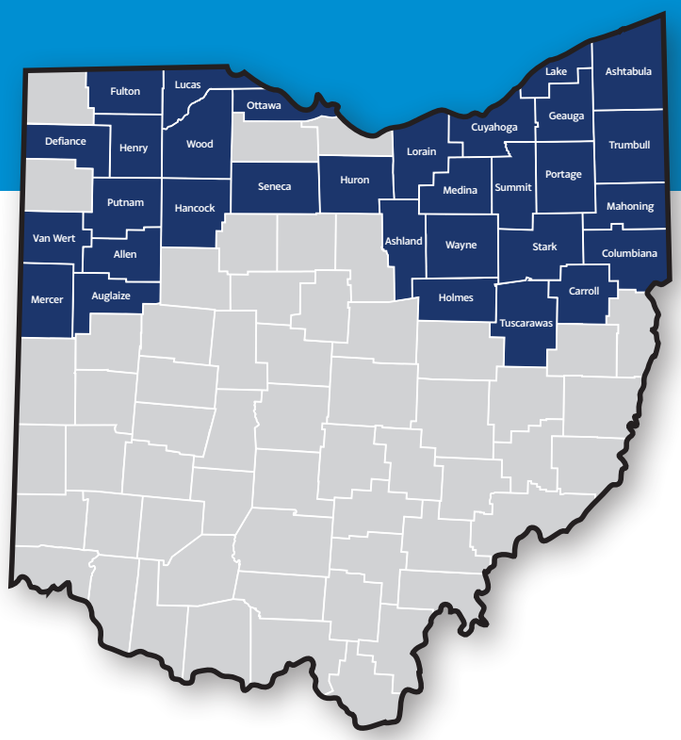
If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **medicare.gov** or order a copy by calling **1.800.MEDICARE (1.800.633.4227)**, 24 hours a day, 7 days a week. TTY users should call **1.877.486.2048**.

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

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

HMO-POS Plans

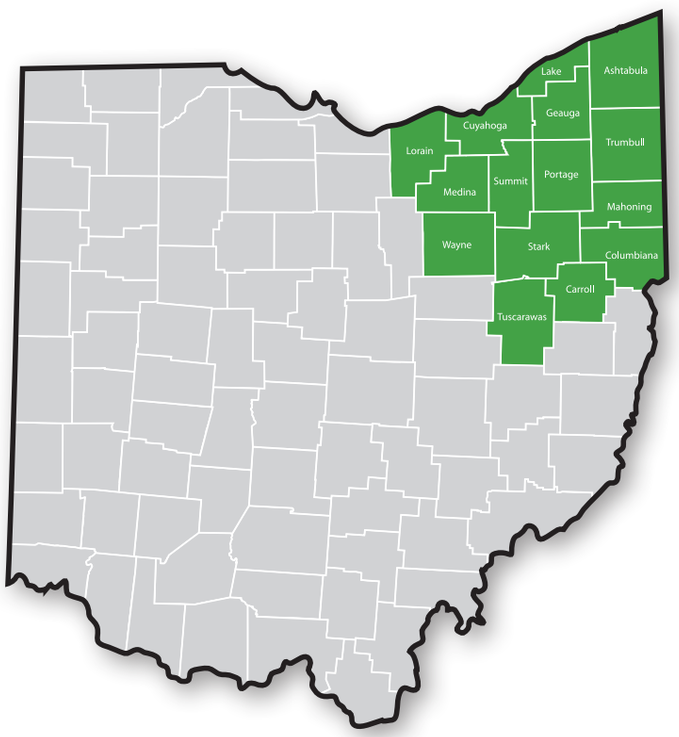
With a SummaCare HMO-POS plan, you can receive care from any Medicare-approved provider even if they are not in the SC*Medicare* network. Please note that your out-of-pocket costs may be higher if you select providers outside of our network.



SummaCare Medicare Sapphire (HMO-POS)

$79 Monthly Premium

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



SummaCare Medicare Emerald (HMO-POS)

$169 Monthly Premium

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