



Summary of Benefits Jade (HMO)

Plan Year January 1, 2025, through December 31, 2025

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. Fitbit® is a registered trademark of Fitbit LLC and/or its affiliates in the United States and other countries. Actual SummaCare Medicare Advantage plan members shown. Members were not compensated for their appearance. H3660_SC1256_M Accepted 09032024



Cathy J.
Member since 2021, Copley

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 \$12.	You pay \$12.
Medical Deductible	You pay nothing.	You pay nothing.
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.	
	\$4,500	\$4,500
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	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, Hepatitis B, pneumococcal) • "Welcome to Medicare" preventive visit (one-time)	
	You pay nothing.	You pay nothing.
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.	
	\$120 copay per visit	\$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.	
	\$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, depending on the location	\$0-\$15 copay, depending on the location
	Supplemental routine hearing exam:	
	\$0 copay	\$0 copay
Dental Services	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
	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:	
	You pay \$0 for fillings, root canals and simple extractions.	You pay \$0 for fillings, root canals and simple extractions.
	You pay 20% coinsurance for bridges, crowns and dentures.	You pay 20% coinsurance for bridges, crowns and dentures.
	\$3,000 calendar year maximum for preventive and comprehensive dental services.	\$3,000 calendar year maximum for preventive and comprehensive dental services.
	Must use Delta Dental of Ohio Medicare Advantage PPO network.	Must use Delta Dental of Ohio Medicare Advantage PPO network.

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Vision Service	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:	
	\$0 copay	\$0 copay
	Supplemental routine eye exam:	
	\$0 copay	\$0 copay
	Annual prescription eyewear allowance:	
	\$275 allowance	\$250 allowance
Mental Health Services	Glasses or contact lenses after cataract surgery:	
	You pay nothing.	You pay nothing.
	Yearly glaucoma screening:	
	You pay nothing.	You pay nothing.
	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:	
	\$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.
	Outpatient group therapy visit:	
	\$35 copay	\$40 copay
	Outpatient individual therapy visit:	
	\$35 copay	\$40 copay

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. \$203 copay per day for days 21 through 100.	You pay nothing per day for days 1 through 20. \$203 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:	
	Part B drugs may be subject to Step Therapy requirements. 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)
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	If applicable, you must pay the full cost of your tier 3 and tier 4 drugs until you reach the plan's deductible amount. The deductible does not apply to covered insulin products and most adult Part D vaccines. \$150	
Initial Coverage Stage	During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance listed below). You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,000. 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: \$47 Three Month: \$117.50 Mail-Order Three Month: \$117.50	Retail One Month: \$47 Three Month: \$117.50 Mail-Order Three Month: \$117.50
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: 31% Three Month: N/A Mail-Order: 31% Limited to 30-day supply	Retail One Month: 31% Three Month: N/A Mail-Order: 31% Limited to 30-day supply

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

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
Catastrophic Coverage Stage	After your out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach the \$2,000 limit for the calendar year, you will pay nothing for your covered Part D drugs.	
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 Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
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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:	
	\$20 copay	\$20 copay
Visitor/Travel Coverage	SummaCare Medicare members who are visiting the states of AZ, FL, NC, SC or TX receive all plan-covered services through this Visitor/Travel coverage.	
Chiropractic Care (Medicare-covered)	\$20 copay	\$20 copay
Foot Care (Podiatry Services)	\$35 copay	\$40 copay
Home Health Care	You pay nothing.	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):	
	30% of the cost	30% 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: • 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
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	
	\$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 2025 OTC Product Catalog or visit summacare.com/otc for a complete list of plan-approved OTC items. You may also conduct a product search by retail location at summacare.com/otc . Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year.	
	\$85 allowance per quarter	\$70 allowance per quarter
Renal Dialysis	20% of the cost	20% of the cost
Health and Wellness Programs and Services	• 24-Hour Nurse Line • QuitCare • Health Manager powered by WebMD®	• Enhanced Condition and Care Management Programs

Summary of Benefits

Premiums and Benefits

SummaCare Medicare
Jade NE (HMO)

SummaCare Medicare
Jade NW (HMO)

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

Fitness Tracker

One Fitbit® fitness tracker per calendar year. Must be obtained through SummaCare's vendor, Tivity Health.

\$0 copay

\$0 copay

Toenail Trimming

Includes up to four visits per calendar year performed by an in-network podiatrist.

\$0 copay

\$0 copay

BrainHQ

Members have access to BrainHQ™, an online, evidence-based program to strengthen 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

Acupuncture Services

Includes up to 10 general acupuncture visits performed by in-network providers. Visits must be scheduled through HOMELINK.

\$0 copay

\$0 copay

Chiropractic Care

Includes up to 10 visits for all manipulations from in-network chiropractors.

\$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

Summary of Benefits

Premiums and Benefits

SummaCare Medicare
Jade NE (HMO)

SummaCare Medicare
Jade NW (HMO)

Additional Bene-Flex Supplemental Benefit Options (Select these upon enrollment)

Tier 2 (Pick 1)

Pick
1

SilverSneakers®

Fitness membership at more than 15,000 participating fitness locations.

\$0 copay

\$0 copay

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

Transportation

You're covered for up to 24 one-way trips to medical appointments. Most trips can be scheduled in as little as 30 minutes and you can see providers throughout SummaCare's 33-county service area. Trips must be scheduled through SummaCare's transportation vendor, HOMELINK.

Note: SummaCare's transportation vendor may utilize other ride share vendors like Lyft and Uber to fulfill your transportation request.

\$0 copay

\$0 copay

Indoor Air Quality

Requires a diagnosis of asthma and/or COPD – including 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.

\$0 copay

\$0 copay

Meal Delivery – Post Discharge

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 type 1 or type 2, congestive heart failure, chronic kidney disease, COPD, coronary artery disease, chronic non-alcoholic fatty liver disease, autoimmune disease, chronic and disabling mental health conditions, or neurologic disorders. Up to 84 meals. Meals must be obtained through Mom's Meals.

\$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 3 (Pick 1) Pick 1		
Flex Card for Vision, Dental & Hearing	You'll receive an additional \$500 allowance for vision, dental & hearing services on your SummaCare VISA card to lower your out-of-pocket expenses.	
	You pay nothing.	You pay nothing.
Papa Pals	Hang Out and Help Out. You're covered for up to 40 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 or 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 40 hours of assistance.	
	\$0 copay	\$0 copay
Healthy Grocery/Pantry	Members must have a diagnosis of diabetes mellitus type 1 or type 2, congestive heart failure, chronic kidney disease, COPD, coronary artery disease, chronic non-alcoholic fatty liver disease, autoimmune disease, chronic and disabling mental health conditions, or neurologic disorders to choose/utilize it. Up to \$40 per month on your SummaCare VISA card can be used towards the purchase of 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. The Jade plan does not require a diagnosis to utilize this benefit.	
	\$0 copay	\$0 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Jade NE (HMO)	SummaCare Medicare Jade NW (HMO)
Optional Supplemental Dental	If you elect to enroll in this optional supplemental dental plan, you'll pay an additional \$37 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 \$3,000 per benefit year. This includes your embedded 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 50.	
	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	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



Pam C.

Member since 2023, Kent

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.

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, visit summacare.com/eoc or call **888.464.8440 (TTY 711)**.

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

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

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

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
• Dental • Vision • Hearing • OTC • Visitor/Travel	• Fitness Tracker • Fitbit® • Toenail Trimming • 4 times per year • BrainHQ Memory Fitness • Annual subscription • Acupuncture • 10 visits • Chiropractic Care • 10 visits • Nutrition Coaching • 4 visits	• SilverSneakers® • Massage Therapy* • 10 visits • Transportation • 24 one-way trips • Indoor Air Quality • Air purifier** • Post Discharge Meal Delivery • 28 meals • Chronic Care Meal Delivery*** • 84 meals	• Flex Card for Vision, Dental & Hearing • \$500 additional allowance on your SummaCare Visa to lower out-of-pocket expenses • Papa Pals • 40 hours • Healthy Grocery Allowance*** • \$40 monthly allowance on your SummaCare Visa • PERS (Personal Emergency Response System) • Home Safety Devices • \$400 allowance, not limited by diagnosis

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

**This benefit is part of a special supplemental program for the chronically ill; members must have a diagnosis of asthma and/or COPD – including chronic bronchitis and/or emphysema to choose/utilize it.

*** These benefits are part of a special supplemental program for the chronically ill; members must have a diagnosis of diabetes mellitus type 1 or type 2, congestive heart failure, chronic kidney disease, COPD, coronary artery disease, chronic non-alcoholic fatty liver disease, autoimmune disease, chronic and disabling mental health conditions, or neurologic disorders to choose/utilize it.

For more details on Jade supplemental benefits, refer to page 66-67 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



**Visitor/
Travel**



Vision
Coverage



Over-the-Counter
(OTC) Items

Choose from the following benefits to complete your coverage:

Tier 1 (Pick 3)

Pick
3

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 obtained through SummaCare's vendor, Tivity Health.

Toenail Trimming

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

BrainHQ Memory Fitness

BrainHQ™ is an online, evidence-based program to strengthen 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.

Acupuncture Services

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

Chiropractic Care

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

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.

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.

Therapeutic Massage Therapy*

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

Transportation

You're covered for up to 24 one-way trips to medical appointments. Most trips can be scheduled in as little as 30 minutes and you can see providers throughout SummaCare's 33-county service area.

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. 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 \$500 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.

Papa Pals

Hang Out and Help Out. You're covered for up to 40 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.

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.

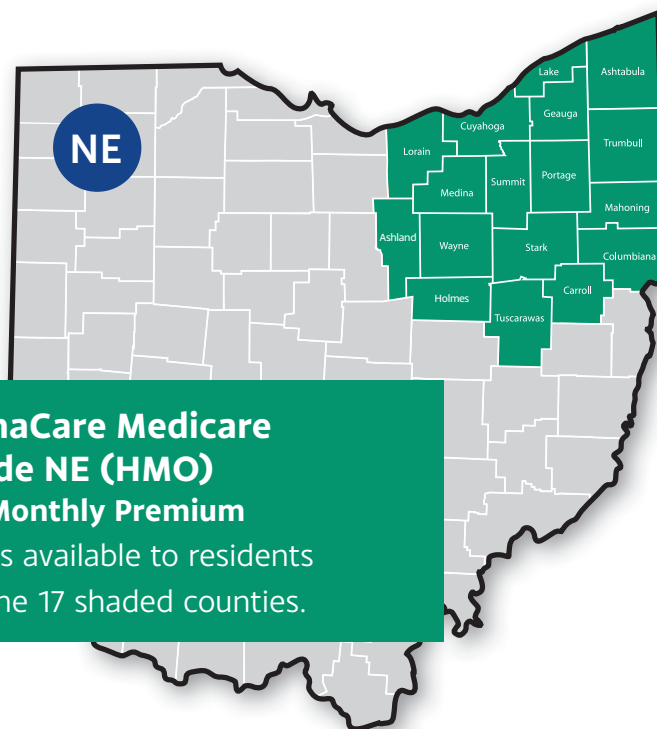
**This benefit is part of a special supplemental program for the chronically ill; members must have a diagnosis of asthma and/or COPD — including chronic bronchitis and/or emphysema to choose/utilize it.

***These benefits are part of a special supplemental program for the chronically ill; members must have a diagnosis of diabetes mellitus type 1 or type 2, congestive heart failure, chronic kidney disease, COPD, coronary artery disease, chronic non-alcoholic fatty liver disease, autoimmune disease, chronic and disabling mental health conditions, or neurologic disorders to choose/utilize it.

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.

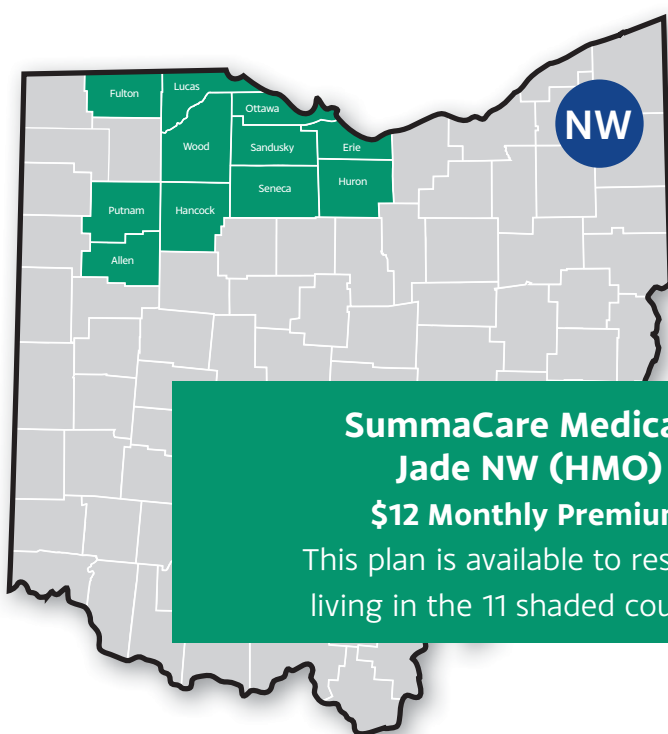
If you live in a county named on the map, you are eligible to enroll in that HMO plan.



SummaCare Medicare Jade NE (HMO)

\$12 Monthly Premium

This plan is available to residents living in the 17 shaded counties.



SummaCare Medicare Jade NW (HMO)

\$12 Monthly Premium

This plan is available to residents living in the 11 shaded counties.