



Summary of Benefits

Topaz, Garnet 1, Garnet 2, Ruby

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

SummaCare Medicare Topaz (HMO) (H3660_050)

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

SummaCare Medicare Garnet 1 (HMO) (H3660_053-1)

The SummaCare Medicare Garnet 1 (HMO) plan is available to residents of the following counties in Ohio: Medina, Portage, Stark, Summit and Wayne.

SummaCare Medicare Garnet 2 (HMO) (H3660_053-2)

The SummaCare Medicare Garnet 2 (HMO) plan is available to residents of the following counties in Ohio: Cuyahoga, Erie, Geauga, Huron, Lake, Lorain, Mahoning, Ottawa, Sandusky, Seneca and Trumbull.

SummaCare Medicare Ruby (HMO) (H3660_044)

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

SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. Some of the benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify for all benefits. H3660_SC1228_M Accepted 09042024

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
Monthly Plan Premium	You must continue to pay your Medicare Part B premium.		
	You pay \$0 + (\$2.20 Part B premium reduction)	You pay \$24.	You pay \$48.
Medical Deductible	You pay nothing.	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.		
	\$4,000	\$4,200	\$3,600
Inpatient Hospital Coverage	Our plan pays for an unlimited number of days for an inpatient hospital stay.		
	\$375 copay per day for days 1 through 6. You pay nothing after day 6.	\$326 copay per day for days 1 through 6. You pay nothing after day 6.	\$260 copay per day for days 1 through 6. You pay nothing after day 6.
Outpatient Hospital Coverage	Outpatient hospital:		
	\$310 copay	\$275 copay	\$250 copay
	Observation services:		
	\$310 copay	\$275 copay	\$250 copay
Ambulatory Surgical Center	\$310 copay	\$275 copay	\$250 copay
Provider Visits	You are not required to receive authorization before seeking care from any specialists.		
	Primary care provider visit:		
	\$0 copay	\$0 copay	\$0 copay
	Specialist visit:		
	\$35 copay	\$40 copay	\$40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (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.	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	\$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.		
	\$30 copay per visit	\$30 copay per visit	\$25 copay per visit

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
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):		
	\$175 copay	\$125 copay	\$150 copay
	Diagnostic tests and procedures:		
	\$0-\$125 copay, depending on the location	\$0-\$50 copay, depending on the location	\$0-\$125 copay, depending on the location
	Lab services:		
	\$0-\$10 copay, depending on the location	\$0-\$5 copay, depending on the location	\$0-\$8 copay, depending on the location
	Outpatient X-rays:		
	\$75-\$130 copay, depending on the location	\$0-\$50 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	20% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (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.)		
	Diagnostic hearing exam:		
	\$0-\$20 copay, depending on the location	\$0-\$15 copay, depending on the location	\$0-\$15 copay, depending on the location
	Supplemental routine hearing exam:		
	\$0 copay	\$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	\$395 per hearing aid for Level 1 hearing aids and \$695 per hearing aid for Level 2 hearing aids

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
Dental Services	Preventive dental covers two cleanings, two exams, one bitewing X-ray and one fluoride treatment per year. Preventive dental also includes full mouth or panoramic X-rays once every five years, periapical X-rays as needed and emergency treatment of dental pain as needed.		
	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
	Comprehensive Dental Services:		
	You pay \$0 for fillings, root canals and simple extractions.	You pay \$0 for fillings, root canals and simple extractions. Perio maintenance, non-surgical periodontics, relines and repairs to bridges and dentures.	You pay 50% coinsurance for fillings, root canals and simple extractions.
	You pay 20% coinsurance for bridges, crowns and dentures.	You pay 40% coinsurance for bridges, crowns and dentures.	You pay 70% coinsurance for bridges, crowns, and dentures.
	\$3,000 calendar year maximum for preventive and comprehensive dental services.	\$2,500 calendar year maximum for preventive and comprehensive dental services.	\$2,000 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 or Delta Dental of Ohio Medicare Advantage Premier network.	Must use Delta Dental of Ohio Medicare Advantage PPO network.

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (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	\$0 copay
	Supplemental routine eye exam:		
	\$0 copay	\$0 copay	\$0 copay
	Annual prescription eyewear allowance:		
	\$200 allowance	\$325 allowance	\$250 allowance
	Glasses or contact lenses after cataract surgery:		
	You pay nothing.	You pay nothing.	You pay nothing.
	Yearly glaucoma screening:		
	You pay nothing.	You pay nothing.	You pay nothing.

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
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:		
	\$375 copay per day for days 1 through 5. You pay nothing after day 5.	\$326 copay per day for days 1 through 5. You pay nothing after day 5.	\$260 copay per day for days 1 through 5. You pay nothing after day 5.
	Outpatient group therapy visit:		
	\$35 copay	\$40 copay	\$40 copay
Skilled Nursing Facility	Outpatient individual therapy visit:		
	\$35 copay	\$40 copay	\$40 copay
	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.	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.	You pay nothing.
	Occupational therapy visit:		
	\$35 copay	\$25 copay	\$40 copay
	Physical therapy and speech and language therapy visit:		
	\$35 copay	\$25 copay	\$40 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
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:		
	\$320 copay	\$250 copay	\$200 copay
	Air ambulance:		
	\$320 copay	\$250 copay	\$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.		
	You pay nothing for six one-way trips per calendar year	You pay nothing for eight one-way trips per calendar year.	You pay nothing for six one-way trips per calendar year.
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	Up to 20% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (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	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.		
	\$200	\$200	\$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	Retail One Month: \$0 Three Month: \$0 Mail-Order Three Month: \$0
Tier 2 (Generic)	Retail One Month: \$0 Three Month: \$0 Mail-Order Three Month: \$0	Retail One Month: \$8 Three Month: \$20 Mail-Order Three Month: \$20	Retail One Month: \$0 Three Month: \$0 Mail-Order Three Month: \$0
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	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	Retail One Month: \$100 Three Month: \$300 Mail-Order Three Month: \$300
Tier 5 (Specialty)	Retail One Month: 30% Three Month: N/A Mail-Order: 30% Limited to 30-day supply	Retail One Month: 30% Three Month: N/A Mail-Order: 30% 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 Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
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	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 Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
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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.		
	\$20 copay per visit	\$10 copay per visit	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.		
	\$20 copay	\$10 copay	\$40 copay
Telehealth Services	For each primary care, dermatological, behavioral health and substance abuse telehealth visit provided through Teladoc® Health or another in-network provider.		
	\$0 copay	\$0 copay	\$0 copay
	For all other in-network telehealth specialist visits:		
	\$20 copay	\$20 copay	\$20 copay
Papa Pals	Hang Out and Help Out. Papa pairs older adults and families with Papa Pals for companionship and assistance with everyday tasks. Get help around the house, including light housework, a ride to the doctor's office 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 15 hours of assistance	Up to 40 hours of assistance	Up to 40 hours of assistance
Visitor/Travel Coverage	SummaCare Medicare members who are traveling receive all plan-covered services through this Visitor/Travel coverage in the following states:		
	AZ, FL, NC, SC & TX	AZ, FL, NC, SC & TX	AZ, FL & TX
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 (over 8).		

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
Therapeutic Massage	Includes any combination of therapeutic massage and acupuncture service visits. This is limited to six visits per calendar year.		
	\$20 copay per visit for any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year.	\$10 copay per visit for any combination of acupuncture and therapeutic massage service visits. This is limited to six visits per calendar year.	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. Items must be purchased through HOMELINK. Otherwise you will be responsible for the full cost of those items and no payment will be made.		
	\$150 allowance per year	\$200 allowance per year	\$175 allowance per year
Chiropractic Care (Medicare-covered)	\$20 copay	\$20 copay	\$20 copay
Foot Care (Podiatry Services)	\$35 copay	\$40 copay	\$40 copay
Home Health Care	You pay nothing.	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.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care.

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
Medical Equipment/Supplies	Durable medical equipment (e.g., wheelchairs, oxygen):		
	30% of the cost	30% of the cost	20% of the cost
	Prosthetic devices (e.g., braces, artificial limbs):		
	20% of the cost	20% of the cost	20% of the cost
	Diabetes monitoring supplies manufactured by Abbott and/or Lifescan:		
	You pay nothing.	You pay nothing.	You pay nothing.
	Diabetes self-management training:		
	You pay nothing.	You pay nothing.	You pay nothing.
	Therapeutic shoes or inserts:		
	20% of the cost	20% of the cost	20% of the cost
Outpatient Substance Abuse	Group therapy visit:		
	\$35 copay	\$40 copay	\$40 copay
	Individual therapy visit:		
	\$35 copay	\$40 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	\$0 copay

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
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	\$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 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 service at summacare.com/otc. Any unused quarterly OTC benefit funds will not roll over to the next quarter or calendar year. Topaz (HMO) plan members (with a qualifying health condition*) may choose to use their OTC allowance for healthy grocery items. *This benefit is 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.		
	\$90 allowance per quarter	Garnet 1: \$80 allowance per quarter Garnet 2: \$85 allowance per quarter	\$60 allowance per quarter
Renal Dialysis	20% of the cost	20% of the cost	20% of the cost

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
Health and Wellness Programs and Services	- Brain HQ: 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. BrainHQ is not covered on the Topaz plan. - SilverSneakers® Fitness Program: SilverSneakers can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations including live and on-demand classes for members to access at home. You have access to a nationwide network of participating locations where you can take classes and use exercise equipment and other amenities. Enroll in as many locations as you like, at any time. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. You also have access to instructors who lead specially designed group exercise classes in-person and online, seven days a week. Additionally, SilverSneakers Community gives you options to get active outside of traditional gyms at recreation centers, parks and other neighborhood locations. 24-Hour Nurse Line - QuitCare - Health Manager Powered by WebMD® - Enhanced Condition and Care Management Programs		

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (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 (Topaz), \$2,500 (Garnet), \$2,000 (Ruby) 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 28.		
	Inlays/Onlays:		
	50% coinsurance	50% coinsurance	50% coinsurance
	Periodontal Maintenance:		
	50% coinsurance	Covered under embedded benefit	50% coinsurance
	Periodontal Non-Surgical Procedures:		
	50% coinsurance	Covered under embedded benefit	50% coinsurance
	Periodontal Surgical Procedures:		
	50% coinsurance	50% coinsurance	50% coinsurance
	Denture Relines/Repairs:		
	50% coinsurance	Covered under embedded benefit	50% coinsurance

Summary of Benefits

Premiums and Benefits	SummaCare Medicare Topaz (HMO)	SummaCare Medicare Garnet (HMO)	SummaCare Medicare Ruby (HMO)
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Optional Supplemental Dental continued

Optional Supplemental Dental	Bridge Repairs:		
	50% coinsurance	Covered under embedded benefit	50% coinsurance
	Surgical Extractions/Oral Surgery:		
	50% coinsurance	50% coinsurance	50% coinsurance
	Brush Biopsy:		
	50% coinsurance	50% coinsurance	50% coinsurance
	Occlusal Guards/Occlusal Adjustments:		
	50% coinsurance	50% coinsurance	50% coinsurance
	General Anesthesia or IV Sedation when medically necessary:		
	50% coinsurance	50% coinsurance	50% coinsurance

Things to Know About SummaCare Topaz, Garnet and Ruby

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 Topaz, Garnet and Ruby Northeast have a network of providers, hospitals and pharmacies. If you use providers that are not in our network, the plan may not pay for these services – except for emergency, urgent and out-of-area renal dialysis services. Out-of-network/non-contracted providers are under no obligation to treat SummaCare members, except in emergency situations. Please call our Member Services number or request an Evidence of Coverage (EOC) document for more information. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider directory on our website, summacare.com/medicare, 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)**.

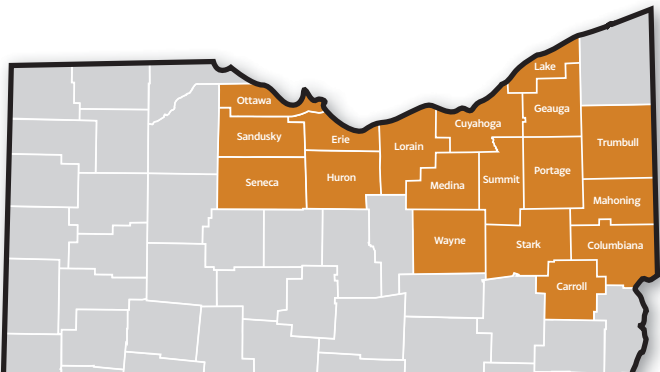
If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or order a copy by calling **800.MEDICARE (800.633.4227)**, 24 hours a day, 7 days a week. TTY users should call **877.486.2048**.

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**.

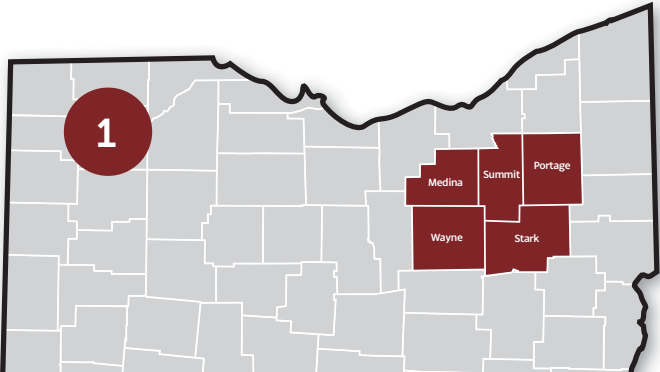
HMO Plans

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.



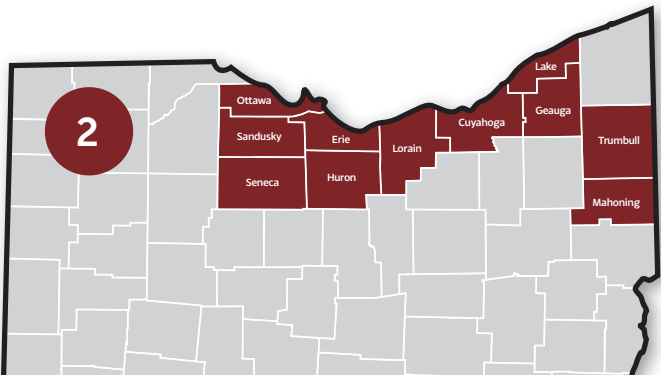
**SummaCare
Medicare Topaz (HMO)**
\$0 Monthly Premium

This plan is available to residents living in these 18 shaded counties.



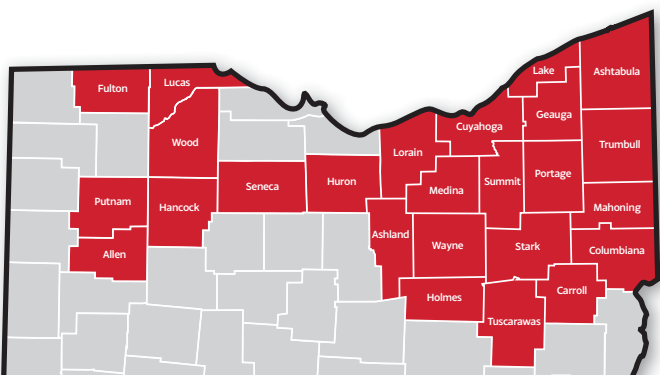
**SummaCare Medicare
Garnet 1 (HMO)**
\$24 Monthly Premium

This plan is available to residents living in the 5 shaded counties.



**SummaCare Medicare
Garnet 2 (HMO)**
\$24 Monthly Premium

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



**SummaCare
Medicare Ruby (HMO)**
\$48 Monthly Premium

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

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