



SummaCare Annual Provider Update Seminar

Thank you for joining us today. We will begin shortly!

Agenda

- Opening
- Coding Update, Ch. 21 Codes
- No Surprises Act
- Pharmacy
- Clinical Programs
- 2023 Medicare Updates
- Claims

Bill Epling, President

William Fiala, MA, CCS-P, CPC, RMA

Tim Oprzadek

Tiffanie Mrakovich, Pharm.D

Linda Eastin, BSN, RN; Jennifer Yates, MS

Sue Crawford

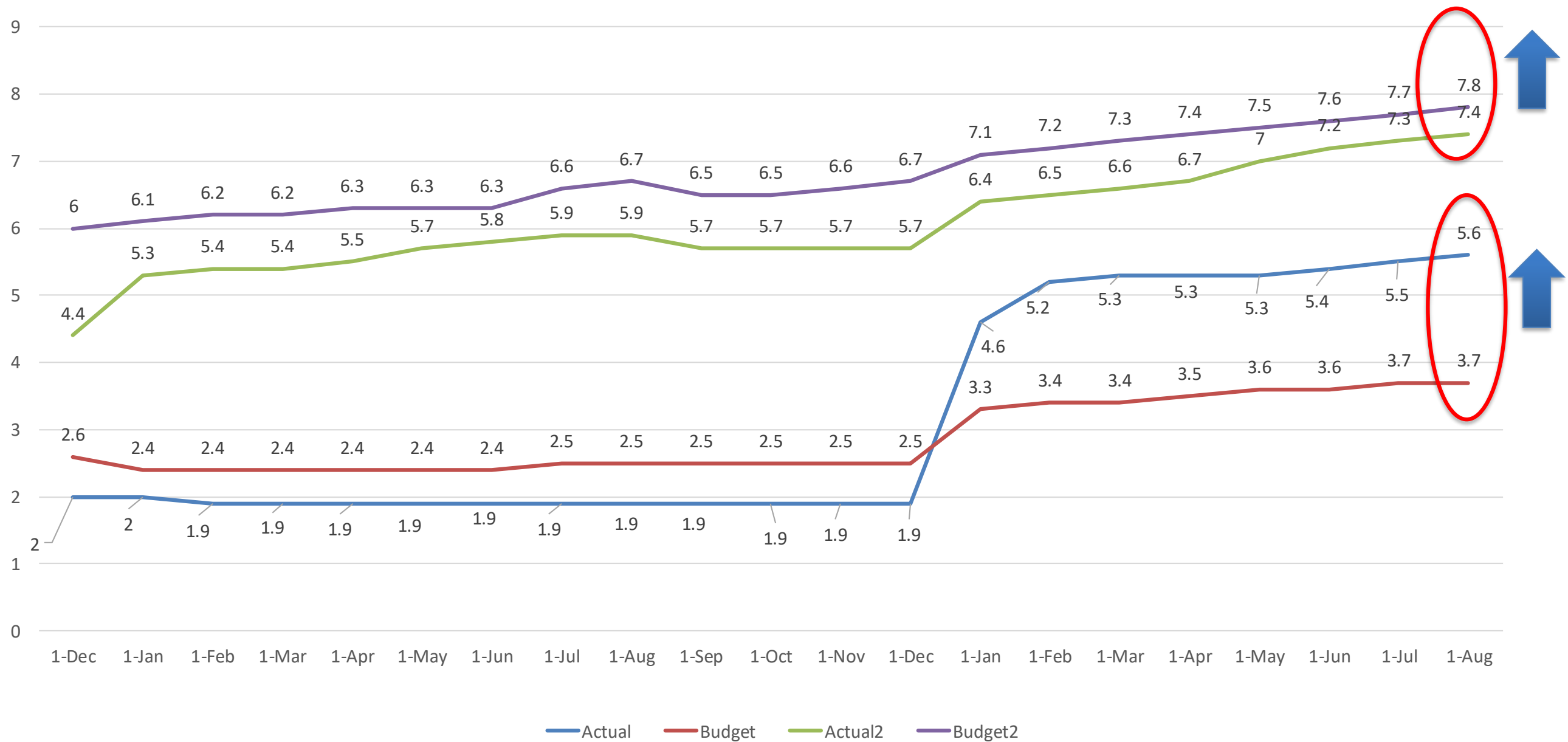
Melissa Rusk

Opening Remarks

William Epling, President

Membership - Individual and MEWA

August 2022



Membership – Medicare August 2022



Vision

To be the **trusted and preferred navigator** to high **quality, cost-effective** healthcare that improves the quality of life for our members and the communities we serve.

What SummaCare Brings to Its Partnerships

25+ years of experience in NE Ohio in the most competitive market in the country. As a result, we are:

- Innovative, Flexible, Nimble, and Focused!
- Responsive to your needs as providers of care
- Accessible and willing to listen

Provider sponsored, integrated health plan

- Patient focused integrated financing and delivery of care
- Experience in co-managing population health
- Experience in clinical innovation (Bridge to Home, Physician House Calls, Care Management)

Population Health

- Integrated total cost of care with positive health outcomes
- Innovative solutions “laboratory” – risk testing, incentives, compensation models
- Gap closure and HCC capture resulting in accurate Risk Adjustment

Non-profit community driven – no shareholder or private equity demand

Akron market focused & provider friendly approach to our relationships

We Are SummaCare Medicare Advantage

4.5 STAR
RATING
★★★★★



Satisfied Members Who Stay Year After Year

- Longstanding partner in the community since 1996
- 96% member retention rate
- Consistently high customer satisfaction scores on member surveys
- Over 23,000 members*



Broad Access to Care Throughout Northern Ohio

- 31 county service area
- More than 22,000 providers
- More than 75 hospitals



Care-Inspired Coverage

As a physician-designed health plan, we care about our members' health by offering:

- Primary care visits at no cost
- Supplemental benefits like dental, vision and hearing
- Benefits such as Family On-Demand with Papa and Assist America®
- Rewards for healthy behaviors such as screenings and routine check-ups
- Access to a 24-hour nurse line and telehealth

4.5 STAR
RATING
★★★★★

Quality Rated

- Our Medicare plan has been recognized with a 4.5-Star (out of 5) overall rating for 2022 by the Centers for Medicare and Medicaid Services (CMS). The number of stars show how well a plan performs. Plans are rated on their health and drug services so you can easily compare plans based on quality and performance. Every year, Medicare evaluates plans based on a 5-star rating system.

SummaCare places a high value on building strong relationships with key partners including members, physicians, and ancillary providers and community-based agencies throughout our Northern Ohio service area.

* as of July 2022

High Medicare Member Satisfaction

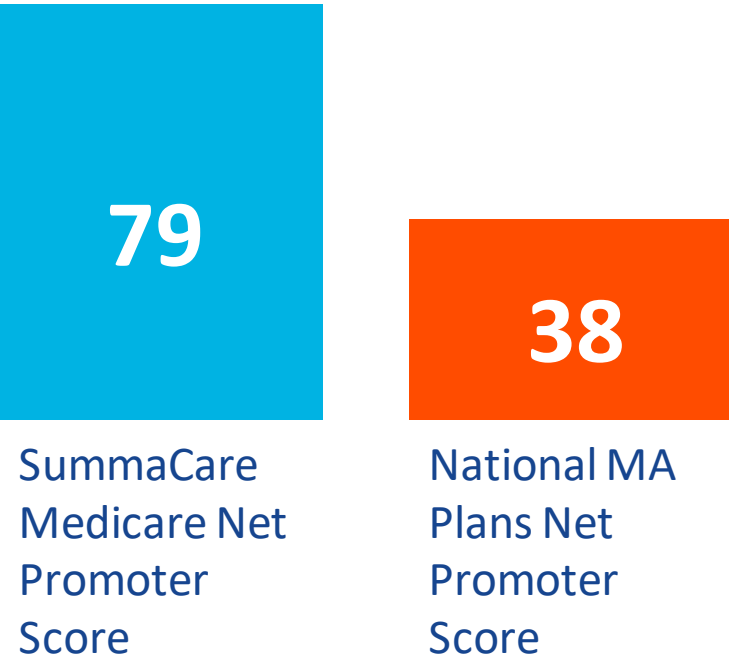
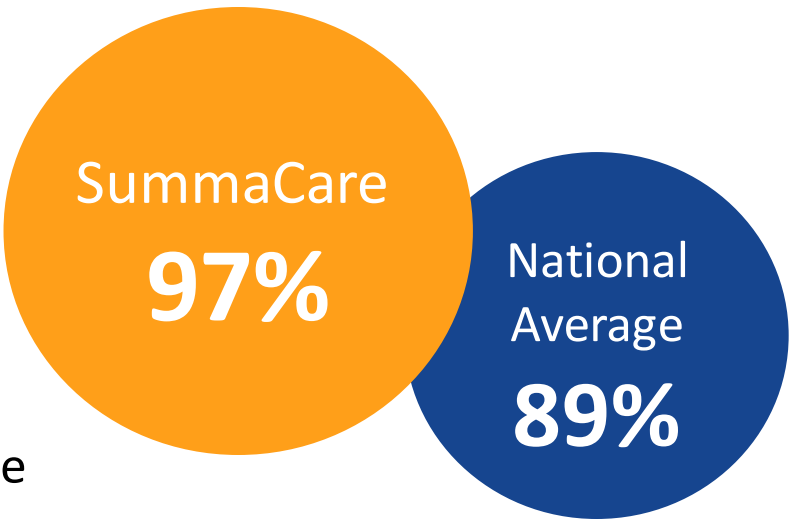
97% voluntary retention rate from 2021 to 2022.

* National average is 89%

2021 Member Satisfaction Study Results:

- **80%** have been SummaCare Medicare members for three or more years
- SummaCare Medicare Net Promoter Score = **79**
(National MA Plans Net Promoter Score = **38**)
- 94% rated satisfaction with their SummaCare Medicare plan at an **8, 9, or 10**
- Interactions with Member Services are **positive**

Customer Service Performance During their Last Call	%
Answered calls promptly	97%
Were courteous and friendly	100%
Were knowledgeable and helpful	98%
Questions answered to your satisfaction	94%



*Based on Medicare Member Satisfaction surveys administered by SummaCare

Industry Recognition

MEDICARE:

- SummaCare's Medicare plans earned a **4.5-Star** (out of 5) overall rating for 2022 for the Centers for Medicare and Medicaid Services (CMS). Plan performance quality Star Ratings are assessed each year and may change from one year to the next.
- SummaCare's Medicare plans earned the accreditation status of "**Commendable**" by the National Committee for Quality Assurance" (NCQA) for 2018-2022. NCQA has awarded the status of "**Commendable**" for **service and clinical quality** that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement.
- SummaCare's Medicare plans received a **4 rating** (out of 5) by NCQA's Medicare Health Insurance Plan Ratings for 2018-2021 based on **clinical quality, member satisfaction** and NCQA Accreditation Survey Results.

COMMERCIAL:

- SummaCare's Commercial PPO plans earned the accreditation status of "**Accredited**" by NCQA for 2018-2021. NCQA Has awarded the status of "Accredited" for **service and clinical quality** that meet the basic requirements of NCQA's rigorous standards for consumer protection and quality improvement.

MARKETPLACE:

- SummaCare's Individual & Family Marketplace plans earned the accreditation status of "**Accredited**" by NCQA for 2018-2021. NCQA Has awarded the status of "Accredited" for service and clinical quality that meet the basic requirements of NCQA's rigorous standards for consumer protection and quality improvement.
- **Federal Health Emergency ending and impact to potential Marketplace eligible members**

National Committee for Quality Assurance (NCQA) is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations and recognizes clinicians in key clinical areas. NCQA's HEDIS is the most widely used performance measurement tool in health care. NCQA's Web site (www.ncqa.org) contains information to help consumers, employers and others make more informed health care choices.



Thank you!

- Collaboration and Partnership
- Providing excellent care to our members
- Collaboration on our various quality initiatives
 - Annual Well Visits
 - HCC coding and risk adjustment
 - Marketplace member/patient engagement
 - Closing care gaps
- Providing excellent service to our members



Lift Up Local



Lift Up Local



Safety Training
Group USA
Mandy Forlina,
President

<https://vimeo.com/722271652>

Or visit summacare.com/lift-up-local



Selected Topics in Documenting Provider Services Using Chapter 21 Codes (Z codes)

William C. Fiala, Professor of Practice
School of Allied Health
College of Health and Human Sciences
The University of Akron



Selected Topics for Chapter 21 Codes

What are Chapter 21 codes—what are Z codes?

“Factors Influencing Health Status and Contact With Health Services”

Z00.00 to Z99.89 in the Disease Tabular of ICD-10-CM

Two predominant purposes for these codes:

- Codes for encounters with a healthcare provider when the patient is asymptomatic, not sick, and not injured.
- Codes to report additional information relevant to the patient’s care.

Selected Topics for Chapter 21 Codes

What are Chapter 21 codes—what are Z codes?

Codes to report additional information relevant to the patient's care include:

- “history of,”
- acquired absence,
- artificial opening status,
- transplantation status,
- device presence (including grafts),
- long term drug therapy, etc.

Selected Topics for Chapter 21 Codes

When do you report “history of,” a Chapter 21 code, versus a code from Chapters 1 through 19?

General Rules for using a code from Chapters 1 through 19:

- Clinical signs or symptoms of the Chapter 1 through 19 illness of injury;
- Active curative or palliative therapy for the Chapter 1 through 19 illness of injury.

Selected Topics for Chapter 21 Codes

Example: Malignancies

ICD-10-CM Guideline I.C.2.d

“When a primary malignancy has been previously excised or eradicated from its site and there is no further treatment directed to that site and there is no evidence of any existing primary malignancy at that site, a code from category Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy. Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site. The secondary site may be the principal or first-listed diagnosis with the Z85 code used as a secondary code.”

Selected Topics for Chapter 21 Codes

Example: Malignancies

ICD-10-CM Guideline I.C.2.m

“When a primary malignancy has been excised but further treatment, such as an additional surgery for the malignancy, radiation therapy or chemotherapy is directed to that site, the primary malignancy code should be used until treatment is completed.

When a primary malignancy has been previously excised or eradicated from its site, there is no further treatment (of the malignancy) directed to that site, and there is no evidence of any existing primary malignancy at that site, a code from category Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy.”

Selected Topics for Chapter 21 Codes

Example: Malignancies

Report the active disease code, the Chapter 2 neoplasm code, when:

- The patient has evidence of current disease;
- The patient is receiving current treatment for this disease;
- The patient is not going to receive definitive treatment for their malignancy but may receive some palliative care.

Selected Topics for Chapter 21 Codes

Example: Malignancies

A patient with prostate cancer is post-prostatectomy, has no evidence of current disease, and is not going to receive any adjuvant treatment = Z85.46 not C61;

A patient with prostate cancer is post-prostatectomy, has a rising PSA = R97.21, a new code in 2017;

Clinical signs of prostate cancer with “refusal of therapeutic treatment by patient or watchful waiting” = C61

(<https://www.premera.com/documents/047551.pdf>) as does “active surveillance.”

Selected Topics for Chapter 21 Codes

Those General Rules for using a code from Chapters 1 through 19 apply to strokes:

- The acute stroke, category I63, is only coded during the initial episode of care for the acute event;
- If the patient is not having an acute stroke, rather s/he has deficits from a prior stroke report the sequelae of stroke with subcategory I69.3-;
- If the patient is not having an acute stroke and has no residual deficits from a prior stroke, use the Chapter 21 code Z86.73.

Selected Topics for Chapter 21 Codes

Those General Rules for using a code from Chapters 1 through 19 apply to DVTs:

- The acute DVT, subcategory I82.4-, is only coded during the initial episode of care for the acute event requiring the patient to start anticoagulation therapy—there is clinical evidence of the thrombus or embolus;
- The chronic DVT, subcategory I82.5-, is coded subsequent to the acute event and initiation of therapy when there is evidence of a persistent thrombus or embolus: “repeat radiologic studies (ultrasound, CT, etc.) confirms persistent clot > four weeks” (Independence Blue Cross Blue Shield) or “a thrombus that is one month to several months old and usually involves symptoms, such as chronic swelling, ulceration, cellulitis, or other complication” (*AHA Coding Clinic*, Second Quarter 2020);
- If there is no evidence of a current or chronic DVT, use the “history of” code Z86.718

Selected Topics for Chapter 21 Codes

Coding for long term drug use:

- Generally reported from Chapter 21 and category Z79;
- Long term drug use for prophylactic purposes is reported from category Z79;
- Long term drug use for the treatment of drug abuse and dependency is *not* reported from category Z79:

ICD-10-CM Coding Guideline I.C.21.C.3:

– “not for use of medications for detoxification or maintenance programs to prevent withdrawal symptoms (e.g. methadone maintenance for opioid dependence). Assign the appropriate code for drug use, abuse, or dependence instead.”

Selected Chapter 21 Codes

Coding for long term drug use:

- Long term use of anticoagulants
 - Patient is on Coumadin
 - Coded using Z79.01
 - Aspirin is not coded here, use Z79.82 instead
- Long term use of bisphosphonates
 - Patient is on Fosamax
 - Coded using Z79.83

Selected Chapter 21 Codes

Coding for long term drug use:

- When coding from category Z79, be attentive to “code first,” “use additional code,” and “tip” instructions. Those instructions may be found with the underlying illness that requires the long term use:

At category E11 Type 2 diabetes mellitus:

“Use additional code to identify control using: insulin (Z79.4), oral antidiabetic drugs (Z79.84), oral antihypoglycemic drugs (Z79.84).”

Selected Chapter 21 Codes

A reminder when reporting those Chronic Conditions:

- A list of diagnoses in the record is not synonymous with an assessment and plan or managing the chronic condition;
- The chronic condition needs to be assessed and managed at least once in the calendar year each year the problem is present;

- Recall the MEAT acronym

Monitor—signs, symptoms, disease progression, disease regression

Evaluate—test results, medication effectiveness, response to treatment

Assess/Address—ordering tests, discussion, review records, counseling

Treat—medications, therapies, other modalities”

Cassano, Holly , “HCCs: Easy as 1, 2, 3 (the culture of MEAT)” *JustCoding News: Outpatient*, March 19, 2014, linked at

http://www.hcpro.com/content.cfm?content_id=302031

Selected Chapter 21 Codes

Another reminder when reporting those Chronic Conditions:

- Be attentive to ICD-10-CM code updates;
- Consider depression:
 - Subcategories F32.0 through F32.9 are for a *major* depressive disorder that can be mild, moderate, severe, other or unspecified, but all are *major* depressive disorders;
 - Depression that is not a *major* depressive disorder—depression NOS or a depressive disorder NOS—is reported with what was a new code in 2022: F32.A

Selected Chapter 21 Codes

Coding for amputations:

- An amputation of a digit or limb for therapeutic purposes—a gangrenous toe secondary to diabetes mellitus—is a procedure and reported with a CPT code along with the ICD-10-CM codes that describe the reason for the procedure;
- A traumatic amputation that needs emergent treatment is a condition and is reported with the appropriate injury code from Chapter 19:
 - Index finger = S68.11-
 - Complete foot = S98.91-

Selected Chapter 21 Codes

Coding for amputations:

- Prior amputations are reported with an “acquired absence” code from Chapter 21
 - Acquired absence of index finger on right hand = Z89.021
 - Acquired absence of left foot = Z89.432
- Prior amputations should get a mention in the exam portion of the note and in the diagnosis coding—no pedal pulse observation for the left foot due to prior amputation and Z89.432.

Selected Chapter 21 Codes

Coding for 'ostomies:

- 'Ostomies are reported with an “artificial opening status” code from Chapter 21:
 - Gastrostomy status Z93.1
 - Colostomy status Z93.3
 - Cystostomy status Z93.5-

The 'ostomy should get a mention in the exam portion of the note and in the diagnosis coding—“colostomy bag present and functioning” and Z93.3.

QUESTIONS?

No Surprises Act (NSA) & Its Implications

Tim Oprzadek

Director of Contracting

Don't Be Left Out!

Directory Requirements of the No Surprises Act

While more complete rulemaking to address provider directories is expected later in 2022, the Consolidated Appropriations Act, 2021 (No Surprises Act) laid out the general groundwork for both payers and providers to tackle the problem of out-of-date and inaccurate directories. The law also includes some protection for patients who rely on bad information in a directory and end up with a surprise out-of-network bill.

Payer Requirements

Payers are required to verify and update provider directories at least every 90 days, develop a procedure for removing providers that cannot be verified, and update the directory within two business days. The directories themselves must be available on the payer's website, and include the following details about all contracted providers:

- Name,
- Address,
- Specialty,
- Telephone number, &
- Digital contact information

SummaCare Solution

SummaCare has contracted with Better Doctor Exchange (BDX) to assist with identifying potential incorrect information in our directories and obtain attestations from providers regarding the accuracy of their information.

Associated Language

Term	Definition	Potential Actions/Consequences
Accuracy:	Relates to the directory content. Assuring that what Providers attest to is correct and will be listed in the directory.	When discrepancies between BDX and SummaCare data is noted, the provider will be contacted by SummaCare.
Attestation:	The process by which providers complete an online questionnaire or larger groups may use a delegated roster to confirm or testify to their practice information.	If a provider attestation is not received every 90 days, the provider will be removed from the Provider Directory
Better Doctor Exchange (BDX): (an affiliate of Quest Analytics)	The vendor service SummaCare has contracted with to elicit Attestations from providers.	• Outreach every 90 days by various means. • SummaCare will be reaching out to verify & confirm practice information.
Suppression from Directory:	To be removed from the SummaCare provider directory.	• Member inability to identify the provider's status as a Participating provider • Member frustration
Transparency:	The publication of rates for patient procedures including their out of pocket costs.	If a provider is suppressed from the directory, members will not be able to view the transparency tool in the provider directory.

SummaCare and Provider Actions

SummaCare

Educate providers

Review BDX data for discrepancies

Contact providers to verify corrections

Providers

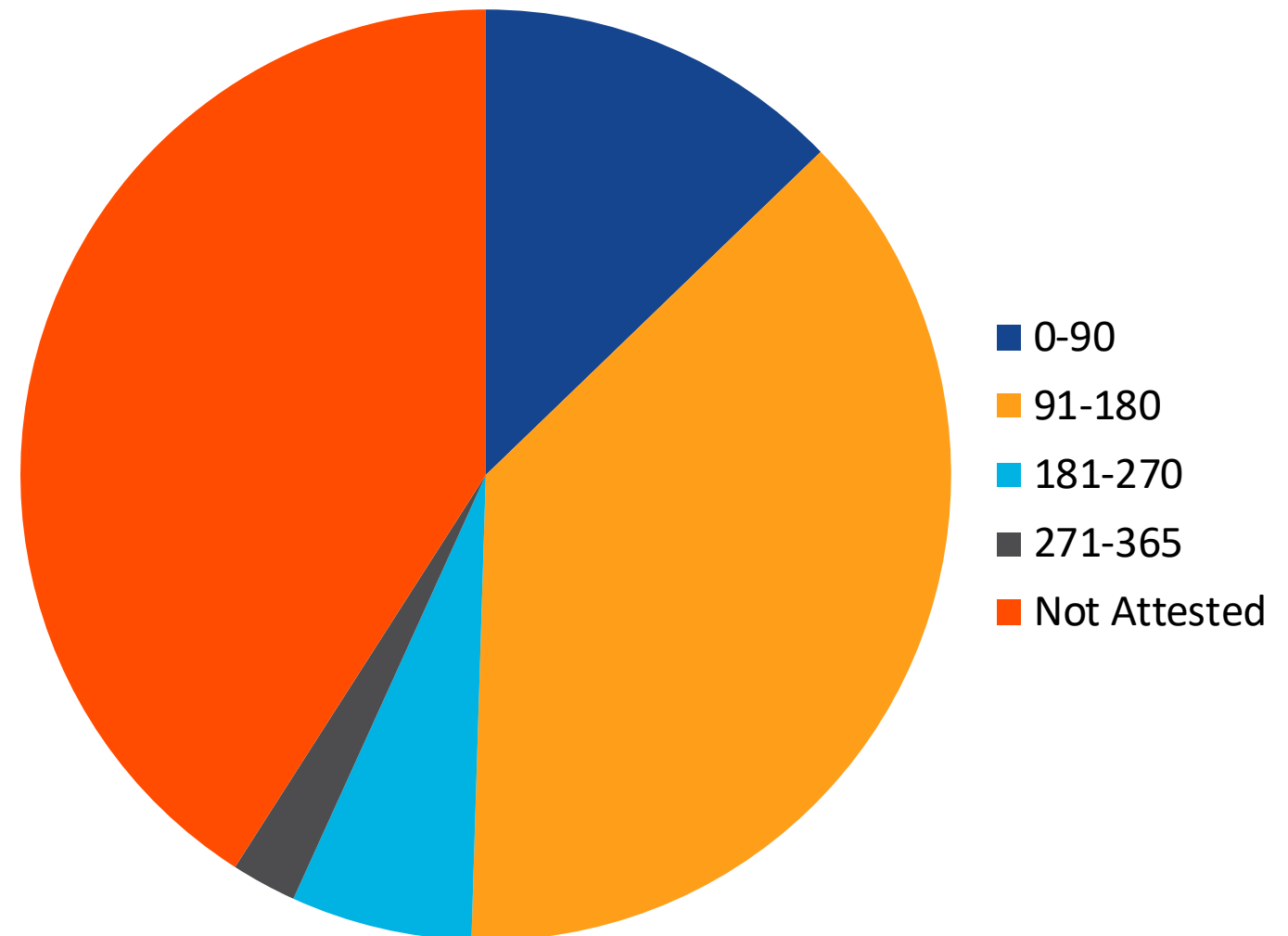
Review Summacare Directory information

Review and make changes to BDX and ATTEST to the correct information every 90 days

Being current with NPI and CAQH data can decrease discrepancies and contact with office staff.

If providers do not attest every 90 days, they will be removed (suppressed) from the Provider Directory

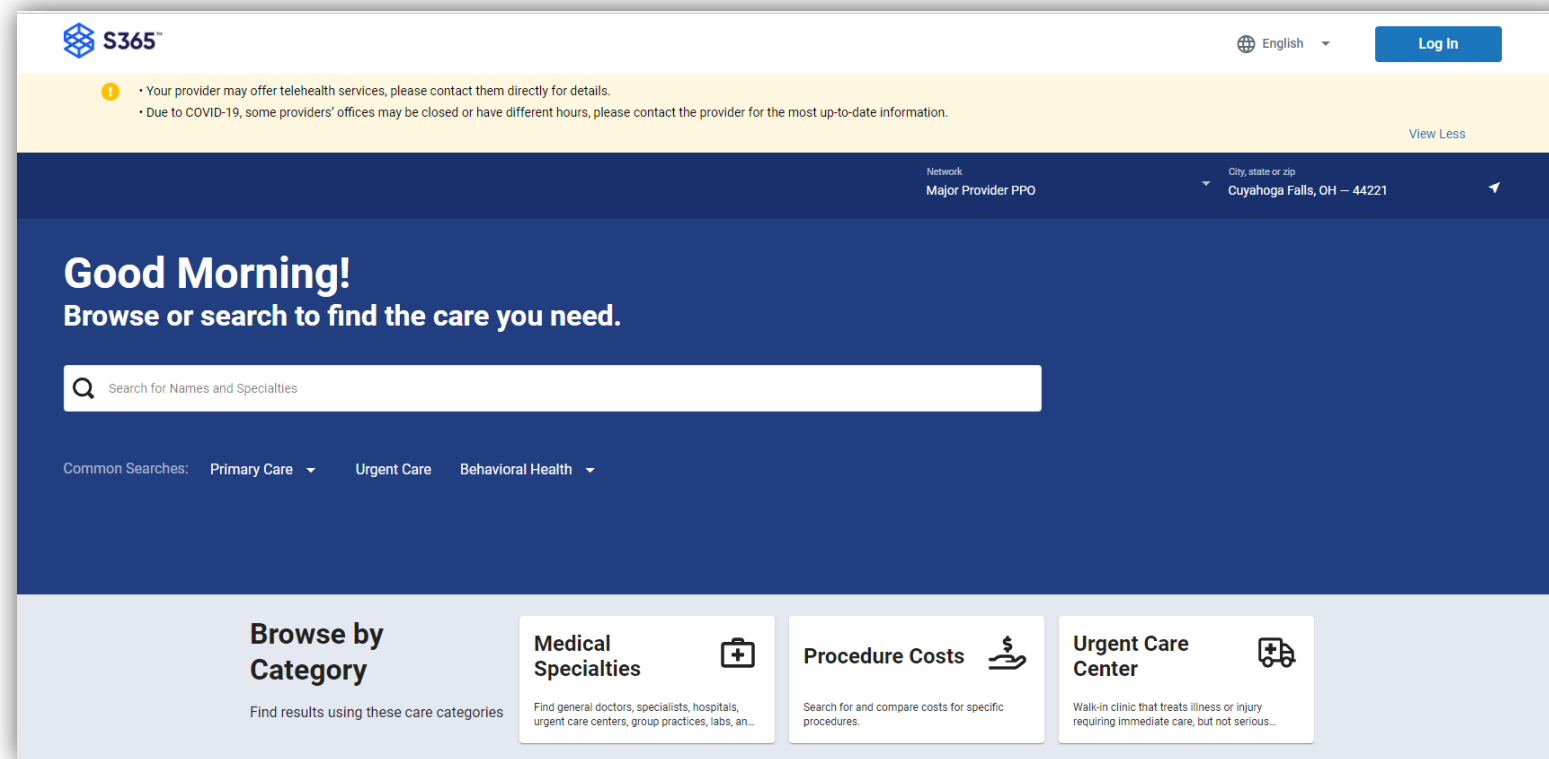
Data based on 8/3/2022 results



Don't Be Left Out!

Please do not hesitate to reach out with any questions for SummaCare or how to contact Better Doctor Exchange (BDX).

Links to BDX are available on SummaCare Website and Plan Central



SummaCare Contact Info:

- Call Provider Support Services at:
- 330.996.8400
- 800.996.8401
- contactproviderservices@summacare.com

Quest\Better Doctor Contact Info:

- [https://questanalytics.com/solutions/betterdoctor/](https://questanalytics.com/solutions/betterdoctor/support@betterdoctor.com)
- support@betterdoctor.com
- Phone at 844.668.2543
- Monday through Friday, 9 a.m. to 5 p.m. Central Time



Thank you



2023 Pharmacy Updates

Tiffanie Mrakovich
Director of Pharmacy

10.05.2022

2023 Pharmacy Updates

1. Where to find SummaCare Formularies

2. Mail-order Pharmacy Name Change

3. Medicare

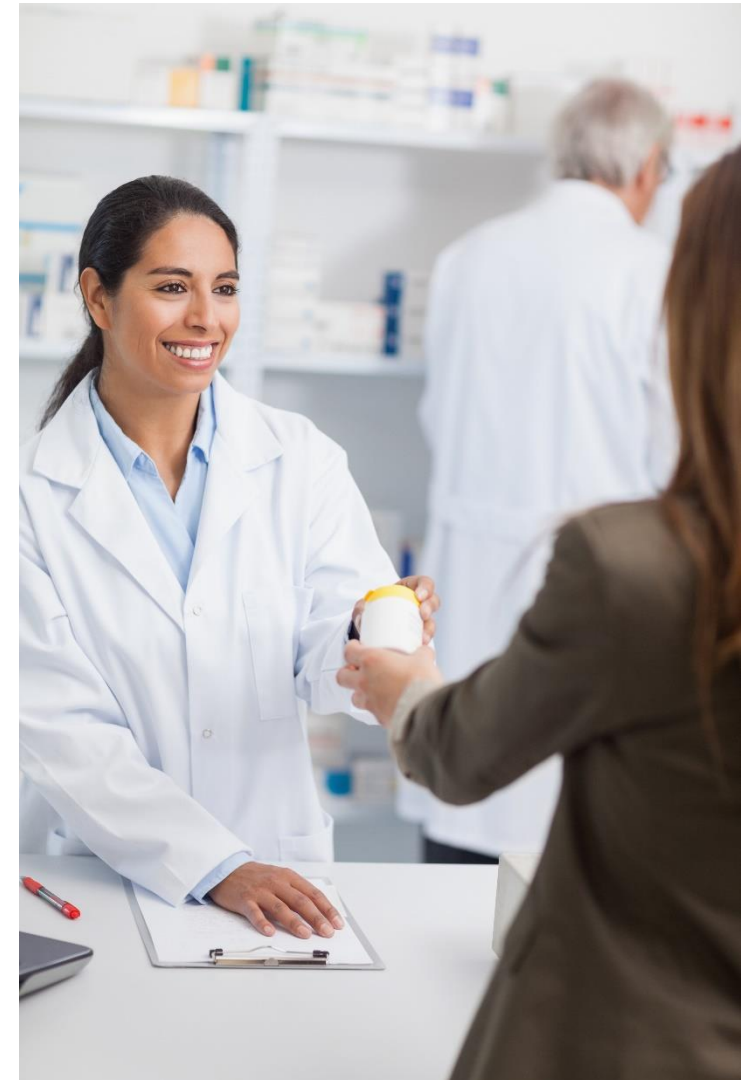
- Inflation Reduction Act
- 100 Day Supply for Tier 1 & Tier 6
- Select Care Drugs added to Tier 6
- Brand over Generic Updates

3. Commercial

- Brand over Generic Updates

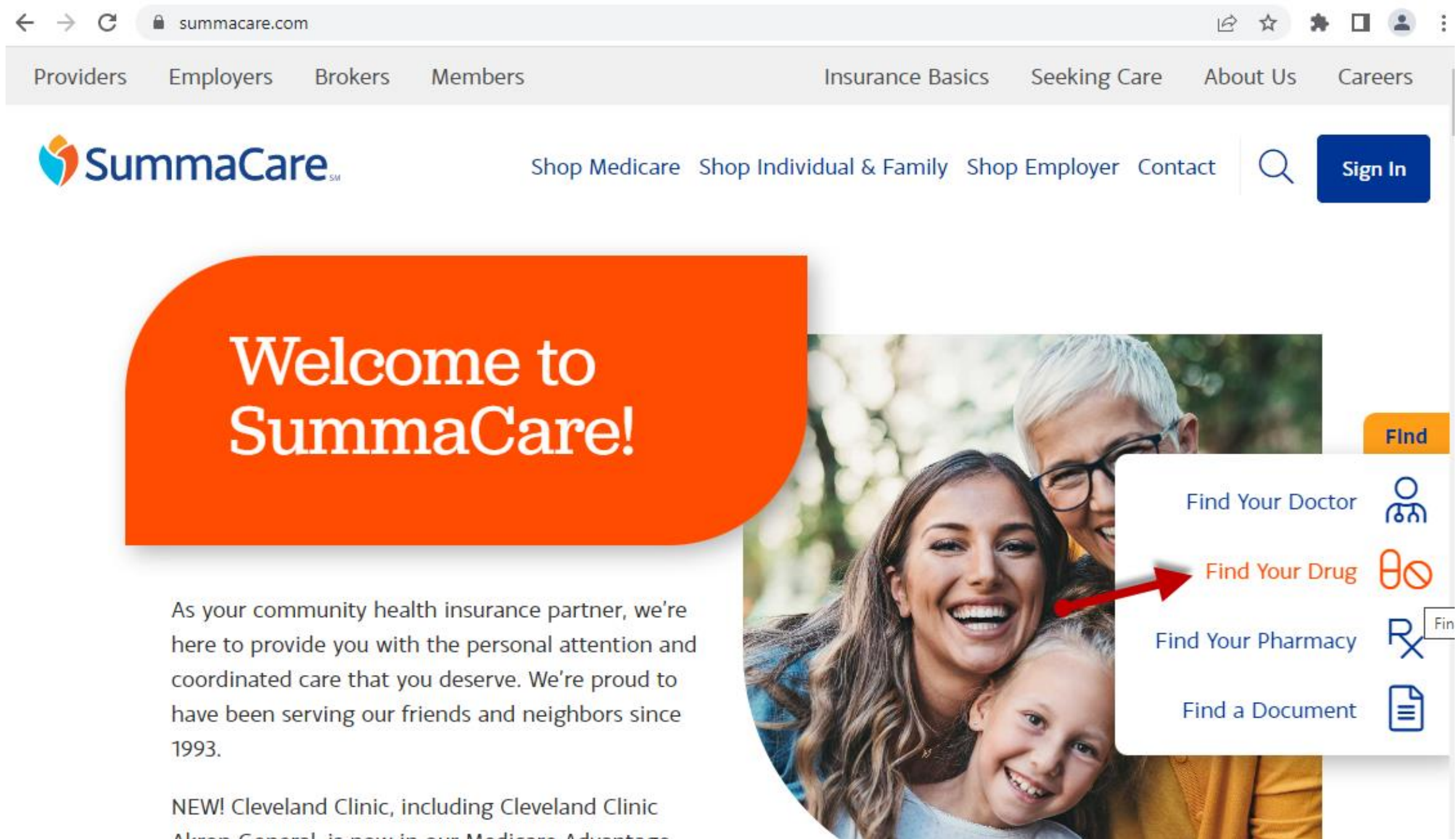
4. Medical Drug Benefit Prior Authorization

- Eylea will require PA in 2023



Where to find SummaCare Formularies

1. Go to summacare.com and Find Your Drug



The screenshot shows the SummaCare website homepage. The browser address bar displays "summacare.com". The navigation bar includes links for Providers, Employers, Brokers, Members, Insurance Basics, Seeking Care, About Us, and Careers. Below the navigation bar, the SummaCare logo is on the left, and links for Shop Medicare, Shop Individual & Family, Shop Employer, and Contact are on the right. A search icon and a "Sign In" button are also present. A large orange banner on the left says "Welcome to SummaCare!". To the right of the banner is a photo of a smiling family. A dropdown menu is open over the photo, showing four options: "Find Your Doctor" (with a person icon), "Find Your Drug" (with a pill icon and a red arrow pointing to it), "Find Your Pharmacy" (with a pharmacy icon), and "Find a Document" (with a document icon).

Providers Employers Brokers Members Insurance Basics Seeking Care About Us Careers

SummaCareSM Shop Medicare Shop Individual & Family Shop Employer Contact

Welcome to SummaCare!

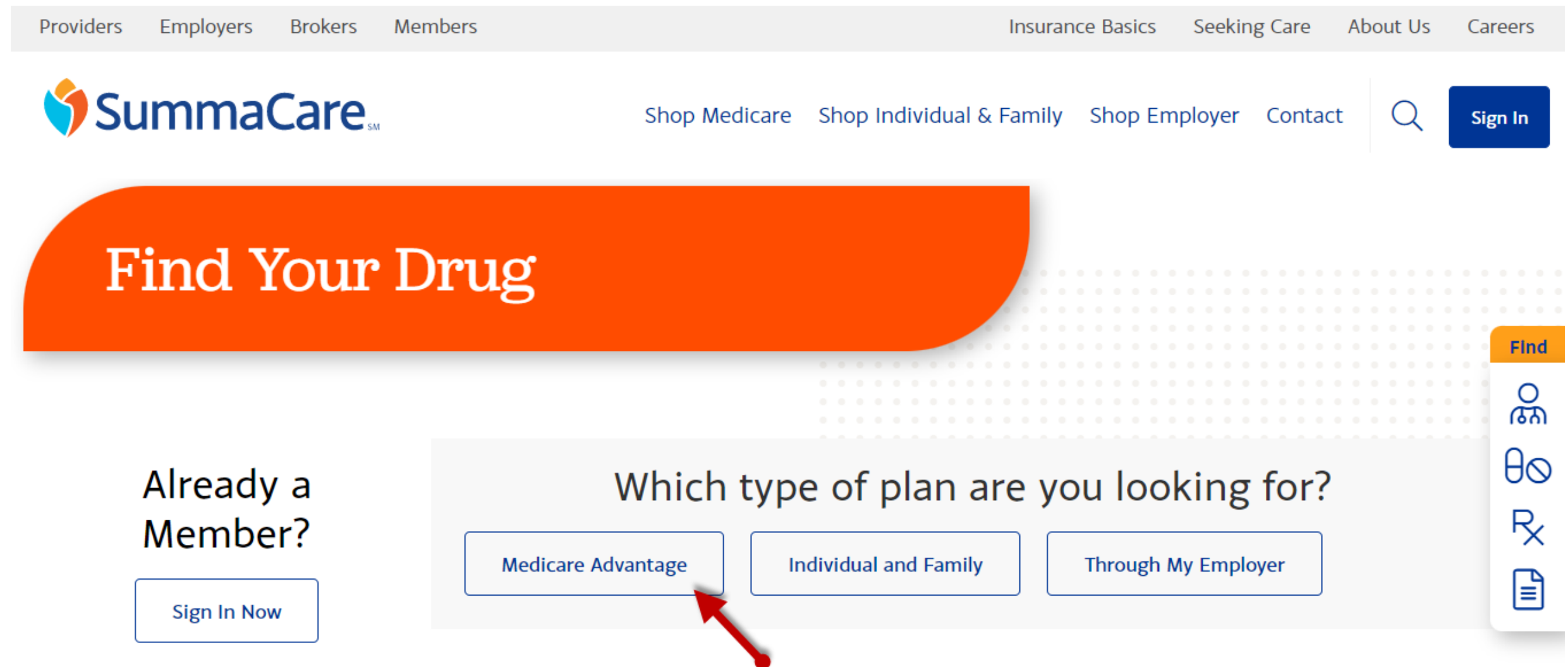
As your community health insurance partner, we're here to provide you with the personal attention and coordinated care that you deserve. We're proud to have been serving our friends and neighbors since 1993.

NEW! Cleveland Clinic, including Cleveland Clinic Akron General, is now in our Medicare Advantage

Find Your Doctor Find Your Drug Find Your Pharmacy Find a Document

Where to find SummaCare Formularies

2. Select the Line of Business you are looking for



Providers Employers Brokers Members Insurance Basics Seeking Care About Us Careers

SummaCareSM Shop Medicare Shop Individual & Family Shop Employer Contact Sign In

Find Your Drug

Already a Member?

Sign In Now

Which type of plan are you looking for?

Medicare Advantage Individual and Family Through My Employer

Find

Icons: Person, Magnifying Glass, Prescription, Document

To determine what formulary/drug list to search, please refer to the RxGRP code on your SummaCare Member ID card and search/view the formulary with the corresponding code.

Where to find SummaCare Formularies

3. Select Drug Search Tool or Download a PDF

Which type of plan are you looking for?

Medicare Advantage Individual and Family Through My Employer

Please Choose a Medicare Advantage Plan

Search the 2022 Medicare Prescription Drug Formulary (SUM03) ▼

Search the 2022 Medicare Prescription Drug Formulary (SUM03)

Download the 2022 Medicare Prescription Drug Formulary PDF (SUM03) - Updated September 1, 2022

Where to Find SummaCare Formularies

4. For Drug Search – Enter Drug you are looking for



Please note: The 2022 Medicare Formulary consists of six tiers. For more detailed information about your prescription drug coverage, refer to your plan's Evidence of Coverage by clicking [here](#).

Alphabetical Search

[A](#)[B](#)[C](#)[D](#)[E](#)[F](#)[G](#)[H](#)[I](#)[J](#)[K](#)[L](#)[M](#)[N](#)[O](#)[P](#)[Q](#)[R](#)[S](#)[T](#)[U](#)[V](#)[W](#)[X](#)[Y](#)[Z](#)

Brand & Generic Name Search

Therapeutic Class Search

[Analgesics](#)

[Anesthetics](#)

[Anti-Addiction/Substance Abuse Treatment Agents](#)

[Antianxiety Agents](#)

[Antibacterials](#)

Where to Find SummaCare Formularies

5. Click Search for Results

Results

<u>Brand Name</u> <i>generic name</i>	Therapeutic Class <i>Sub-Class</i>	Dose/Strength	<u>Status</u>	Notes & Restrictions
Eliquis Oral Tablet 5 Mg	Blood Products/Modifiers/Volume Expanders Anticoagulants	TABLET 5 mg	T3 Tier 3	QL Quantity Limit



Brand Name: Eliquis oral tablet 5 mg
Generic Name:
Dosage/Strength: tablet 5 mg
Status: Tier 3

Details: 74 EA per 30 day(s).

Mail-order Pharmacy Name Change

Effective 12/9/2022 MedImpact Direct will be changing their name to Birdi



Contact information remains the same:

Birdi™ Customer Service

1-855-873-8739 (TTY dial 711) or

customerservice@birdirx.com

www.medimpact.com

Prescriptions can be faxed to 1-888-783-1773

Mailing address: Birdi™ PO BOX 51580, PHOENIX, AZ 85076-1580

Pharmacy – Medicare

Inflation Reduction Act

- Signed by President Biden on August 16, 2022
- **2023 Changes Impacting Medicare**
 - Insulin claims will be capped at \$35 copay per month supply
 - Part D vaccines must be covered at \$0
 - SummaCare has been covering Part D Vaccines for \$0 in Tier 6. They can be obtained at any retail pharmacy
 - SummaCare covers the following Part B vaccines for \$0 at the pharmacy or physician office
 - Flu, Pneumonia and COVID-19

Pharmacy - Medicare

100 Day Supply for Tier 1 and Tier 6 for 2023

- Tier 1 & 6 are \$0.00 copay through the gap phase
- Tier 1 & 6 contain many drugs linked to the 5 Star measures for adherence
 - Diabetes – glipizide, glimepiride, metformin, pioglitazone
 - Hypertension – lisinopril, benazepril, quinapril, losartan, losartan HCT, valsartan HCT
 - Statins – atorvastatin, pravastatin, simvastatin, rosuvastatin

****It only takes 3 fills of 100 day supply to meet the CMS adherence measure****

Pharmacy - Medicare

Added Select Care Drugs for treatment of diabetes, high cholesterol and hypertension to Tier 6 (in addition to Part D vaccines)

- Acarbose
- Ezetimibe/Simvastatin
- Glipizide/Metformin
- Irbesartan
- Olmesartan/HTCZ

Pharmacy - Medicare

Brand over Generic Update

SummaCare participates in a Brand over Generic (BOG) Program with our PBM.

- The BOG program allows SummaCare better pricing (through rebates with the manufacturer) on a few select brand drugs, once the generics are released to market.
- When a brand drug is BOG eligible it will be placed in generic tier 2 and the generic will be non-formulary or moved to tier 4.
- Typically the brand will remain on formulary for about 6 months

Pharmacy - Medicare

Brand over Generic – Medicare 2023

- Advair Diskus
- Azopt
- Mitigare
- Novolog Flexpen & Vial
- Restasis
- Tracleer
- Vascepa

Pharmacy – Commercial/Marketplace

Significant 2023 Formulary Changes

- A comprehensive list of formulary changes will be communicated to members and available on our website.
- Formulary Exceptions can be requested for drugs that do not appear on the formulary. Benefit exclusions and exceptions may apply.

Pharmacy - Commercial

Brand over Generic - Commercial 2023

- Adderall XR
- Advair Diskus
- Azopt
- Concerta
- Humalog Kwikpen & Vial
- Lialda
- Restasis
- Semglee
- Soolantra
- Vascepa

Medical Drug Benefit Prior Authorization

For a complete listing of Drugs requiring Prior Authorization under the Medical benefit please visit our website at:

<https://www.summacare.com/providers/prior-authorization/prior-authorization-drugs-under-medical-benefit>

*Eylea will require Prior Authorization effective 1/1/2023 for all lines of business.



SummaCare Clinical Programs

Linda Eastin, BSN, RN

10.5.2022

Clinical Programs

Bridge to Home Transitional Care Program

Program Description:

Support during transition back to the PCP after an inpatient hospitalization

- Provides post-discharge calls at 48 hours, 14 and 30 days – includes home visit if deemed appropriate

- Review discharge instructions

- Complete medication reconciliation

- Ensure PCP Visit is scheduled

- Educate on chronic conditions

Enrollment Criteria:

- SummaCare Medicare and Fully Insured and Self Insured members for all admission diagnoses

- Member resides within Summit, Portage, Stark, Wayne and Medina Counties

- Members discharged from SHS hospitals, UH Portage, Western Reserve, and Mercy Medical Center Canton hospitals

High Risk Maternity Pregnancy Care

Program Description:

Supports women with high risk pregnancies

RN Care Manager provides telephonic visits with the member

Assessment

Education on condition/warning signs of complications

Coordination of care; early detection of issues and communication with Obstetrician

Evaluation of social determinants of health; referrals to community resources as needed

Enrollment Criteria:

SummaCare Fully Insured and Medicare members; select self-funded groups

Identification of high risk pregnancy (i.e. multiple gestation, hx preterm labor, hx HTN/eclampsia, chronic conditions, tobacco use, unplanned admissions, fetal complications)

Refer by calling 877.888.1164 or emailing casemanagement@summacare.com

SummaCare House Calls

Program Description:

Home based program which targets members with chronic care needs for ambulatory sensitive conditions who are unable to get out to their PCP

Members receive home visits from a MD or APN

Enrollment Criteria:

SummaCare member living in Summit, Stark, Portage, Wayne or Medina Counties

Physical dependence in one ADL and two IADLs

Has diabetes, hypertension, COPD, CHF, pneumonia, dementia/Alzheimer's disease or other chronic conditions

Requires taxing effort to get to a provider's office

Refer by calling 877.888.1164 or emailing casemanagement@summacare.com

SummaCare Enhanced Support Program by CareCentrix

Program Description:

Home based palliative program which provides support to seriously ill members and their families

- Home visits provided by palliative prepared RN and LSW

- Ongoing Assessments of physical, psychosocial and spiritual well-being

- Education on condition

- Coordination of care; communication with PCP and specialists

- Assistance with relieving pain and other symptoms

- Advance Care Planning

- Caregiver Support

Enrollment Criteria:

- SummaCare Fully Insured & Medicare members; Self-funded Group members case by case

- Lives throughout SummaCare's service area (Northeast and Northwest Ohio)

- Serious illnesses such as, but not limited to, metastatic cancer, progressive neurological conditions, stroke, advanced pulmonary, cardiac or liver disease with any of the following:

- Difficult to control symptoms

- Declining ability to care for themselves

- Frequent hospital and/or ED visits

- Limited social support or overwhelmed caregivers

Refer by emailing referrals@turn-keyhealth.com or calling 234.867.7015

SummaCare Care Management

Program Description:

Targets members requiring assistance with:

- Transitioning home from acute care, SNF, LTAC, Acute Rehab
- Finding new providers within the member's network
- Management of multiple co-morbid conditions
- Catastrophic/highly complex medical needs
- Social determinants of health review; referrals to community resources
- Care coordination needs of all types

Members receive telephonic visits with a registered nurse and/or social worker

Enrollment Criteria:

All Medicare, Fully Insured, and Self Insured members

Refer by calling 877.888.1164 or emailing casemanagement@summacare.com

SummaCare Healthy Home Monitoring by Medtronic

Program description:

In-home remote monitoring of symptoms and biometric readings

Daily transmissions of data from member to nurse who reviews alerts and takes action

Members are provided with education of conditions, cause and effect, diet, medication use and identification of early exacerbation

Provides coordination of care with PCP/ordering physician

Enrollment criteria:

SummaCare Medicare, Fully-Insured Commercial and Individual members, select self-insured groups

Must have diagnosis of heart failure, coronary artery disease, chronic obstructive pulmonary disease, hypertension, diabetes

Refer by calling 877.888.1164 or emailing casemanagement@summacare.com

Contact Medtronic RN Team by calling 866.581.3897 or emailing pass@medtronic.com

SummaCare Condition Management

Program description:

Nurse outreach — assessment and development of plan of care.

- High-risk for hospital admission/readmission, post-acute, provider referrals

- Preventive health care gaps reminders

- Education and resources to help manage chronic conditions

- Health coaching and disease-specific education

- Care Coordination

Enrollment criteria:

SummaCare Medicare, Fully-Insured Commercial and Individual members, select self-insured groups

Asthma, COPD, diabetes, depression, A-fib, CHF, HTN, CAD, and CKD

Excludes: members enrolled in SNF/ICF, BTH, CCM, palliative care

Includes: assisted/independent living, home care

Refer by calling 877.888.1164 or emailing casemanagement@summacare.com

SummaCare Health Coaching

Program description:

Support members with lifestyle changes through health coaching, using motivational interviewing and behavior change techniques

Telephonic coaching provided by a registered dietitian and/or exercise specialist

- Nutritional counseling and MNT

- Weight management

- Physical activity recommendations and planning

- Fall prevention

- Biometric results and potential risk factors

Enrollment criteria:

SummaCare Medicare, Fully-Insured Commercial and Individual members, select self-insured groups

Excludes: members enrolled in SNF/ICF, BTH, CCM, palliative care

Includes: assisted/independent living, home care

Refer by calling 877.888.1164 or emailing casemanagement@summacare.com



Medicare Advantage Plans 2023 Highlights and Changes

Sue Crawford, VP of Medicare Sales & Market Development

We Are SummaCare Medicare Advantage

Whether you're new to Medicare or an experienced shopper, make this the only time you need to select a Medicare plan.

4.5 STAR
RATING

★★★★★



Satisfied Members Who Stay Year After Year

- Longstanding partner in the community since 1996
- 97% member retention rate
- Consistently high customer satisfaction scores on member surveys
- 23,014 total members*



Broad Access to Care Throughout Northern Ohio

- 33 county service area
- More than 22,000 providers
- More than 75 hospitals



Care-Inspired Coverage

As a physician-designed health plan, we care about our members' health by offering:

- Primary care visits at no cost
- Supplemental benefits like dental, vision and hearing
- Benefits such as Family OnDemand with Papa and Assist America®
- Rewards for healthy behaviors such as screenings and routine checkups
- Access to a 24-hour nurse line and telehealth

4.5 STAR
RATING

★★★★★

Quality Rated

- Our Medicare plan has been recognized with a 4.5-Star (out of 5) overall rating for 2022 by the Centers for Medicare and Medicaid Services (CMS). The number of stars show how well a plan performs. Plans are rated on their health and drug services so you can easily compare plans based on quality and performance.

SummaCare places a high value on building strong relationships with key partners including members, physicians, and ancillary providers and community-based agencies throughout our Northern Ohio service area.

* as of June 2021

High Member Satisfaction

Voluntary retention rate from 2020 to 2021 was **97%**

- National average is 89%

2021 Member Satisfaction Study Results:

- **80%** have been SummaCare Medicare members for three or more years
- SummaCare Medicare Net Promoter Score = **79** (National MA Plans Net Promoter Score = 38)
- **94%** rated satisfaction with their SummaCare Medicare plan at an 8, 9 or 10
- Interactions with Customer Service are **positive**

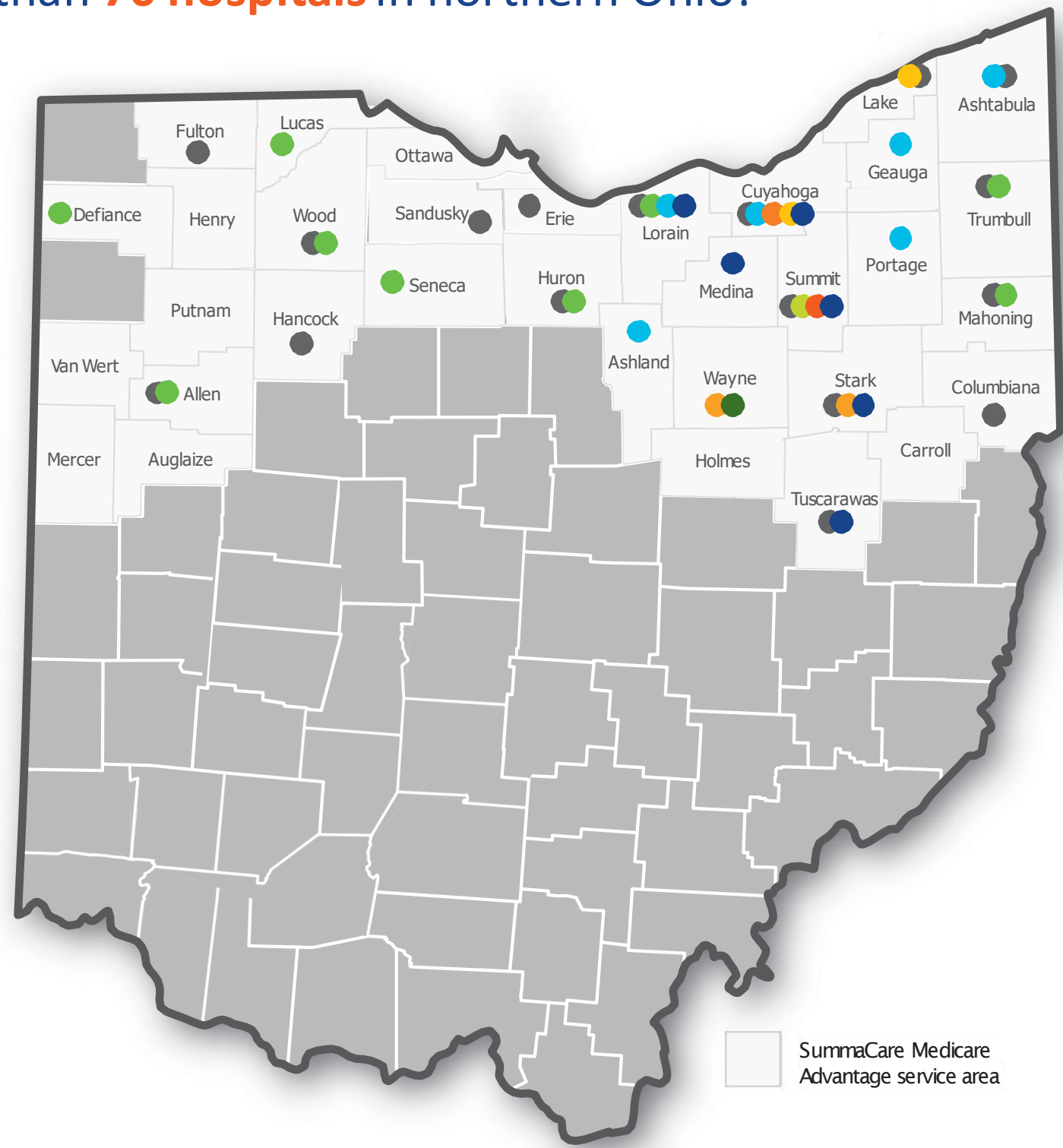
Customer Service Performance During Their Last Call	Percent (%)
Answered calls promptly	97%
Were courteous and friendly	100%
Were knowledgeable and helpful	98%
Questions answered to your satisfaction	94%



Medicare Advantage Provider & Hospital Network

Provider Network

Access to more than **22,000 providers** and more than **70 hospitals** in northern Ohio!



-  AULTMAN
-  Cleveland Clinic
-  Lake Health
-  MERCY HEALTH
-  Summa Health™
-  Southwest General
Partnering with University Hospitals
-  University Hospitals
-  WESTERN RESERVE HOSPITAL
Proudly Physician Owned
-  Wooster Community Hospital
HEALTH SYSTEM
-  Other Network Hospitals

Provider Network by County

SCMedicare Network Hospitals

Allen ●●

- Bluffton Hospital
- Institute for Orthopaedic Surgery
- Mercy Health
 - St. Rita's Medical Center

Ashland ●

- University Hospitals
 - Samaritan Medical Center

Ashtabula ●●

- University Hospitals
 - Conneaut Medical Center
 - Geneva Medical Center
- Ashtabula County Medical Center

Columbiana ●

- Salem Community Hospital

Cuyahoga ●●●●

- Cleveland Clinic
 - Cleveland Clinic Main Campus
 - Cleveland Clinic Rehabilitation Hospital, Beachwood
- Euclid Hospital
- Fairview Hospital
- Hillcrest Hospital
- Lutheran Hospital
- Marymount Hospital
- South Pointe Hospital
- Lake Health
 - Beachwood Medical Center
- Southwest General Health Center
- St. Vincent Charity Medical Center
- University Hospitals
 - Ahuja Medical Center
 - Cleveland Medical Center
 - MacDonald Women's Hospital
 - Parma Medical Center
 - Rainbow Babies & Children's Hospital
 - Seidman Cancer Center
 - St. John Medical Center

Erie ●

- Firelands Regional Medical Center

Defiance ●

- Mercy Health
 - Defiance Hospital

Fulton ●

- Fulton County Health Center

Geauga ●

- University Hospitals
 - Geauga Medical Center

Hancock ●

- Blanchard Valley Hospital

Huron ●●

- Bellevue Hospital
- Fisher-Titus Medical Center
- Mercy Health
 - Willard Hospital

Lake ●●

- Lake Health
- TriPoint Medical Center
- West Medical Center

SCMedicare Network Hospitals (continued)

Lorain

- Avon Hospital at Richard E. Jacobs Campus
- Cleveland Clinic Rehabilitation Hospital, Avon
- Mercy Health
 - Allen Hospital
 - Lorain Hospital
- University Hospitals
 - Elyria Medical Center

Lucas

- Mercy Health
 - Children's Hospital
 - St. Anne Hospital
 - St. Charles Hospital
 - St. Vincent Medical Center
- **University of Toledo Medical Center**

Mahoning

- Akron Children's Hospital Mahoning Valley
- Mercy Health
 - St. Elizabeth Boardman Hospital
 - St. Elizabeth Youngstown Hospital
- The Surgical Center at Southwoods

Medina

- Cleveland Clinic
 - Lodi Hospital
 - Medina Hospital

Portage

- University Hospitals
 - Portage Medical Center

Sandusky

- Promedica Memorial Hospital

Seneca

- Mercy Health
 - Tiffin Hospital

Stark

- Alliance Community Hospital
- Aultman Hospital
- Cleveland Clinic
 - Mercy Hospital

Summit

- Akron Children's Hospital
- Cleveland Clinic
 - Akron General
 - Cleveland Clinic Rehabilitation Hospital, Edwin Shaw
- Crystal Clinic Orthopedic Center

- Summa Health System
 - Akron Campus
 - Barberton Campus
 - St. Thomas Campus
- Western Reserve Hospital

Trumbull

- St. Joseph Warren Hospital
- Trumbull Regional Medical Center

Tuscarawas

- Trinity Hospital Twin City
- Union Hospital

Wayne

- Aultman Orrville Hospital
- Wooster Community Hospital

Wood

- Mercy Health
 - Perrysburg Hospital
- Wood County Hospital

A Plan for Everyone

One size doesn't fit all.

All SummaCare plans start with comprehensive medical; nearly all plans also include prescription drug (Part D) coverage—with no deductibles!

NEW!						
Amber (HMO)	Topaz (HMO)	Jade (HMO)	Garnet (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
\$0 Premium	\$0 Premium	\$19 Premium	\$29 Premium	\$43 Premium	\$76 Premium	\$170 Premium
A Part C-only plan for Veterans and others who receive drug coverage from a non-Medicare source.	Our lowest plan premium — comprehensive coverage without a plan premium.	Includes BeneFlex™ which allows you to select additional supplemental benefits based on your unique needs.	Comprehensive coverage with the most enhanced supplemental benefits.	Mid-tier premium with lower out-of-pocket costs on hospital and outpatient services.	Additional coverage for out-of-network services.	Additional coverage for out-of-network services as well as lowest copays and costs - including \$0 copays for office visits.
You'll utilize the SCMedicare network of providers which includes thousands of providers throughout Northern Ohio and more than 70 hospitals. Coverage for emergency, urgent care and renal dialysis services available through any Medicare-approved provider.					You'll utilize the SCMedicare network of providers AND have coverage through ANY Medicare-approved provider for most services.	



Introducing JadeTM(HMO) with Bene-Flex

Jade with Bene-Flex™

Bene-Flex is an innovative way to deliver supplemental benefits. It empowers members to take control of their own healthcare benefits and is available **exclusively with the brand new Jade plan.**

- We have designed a way to give you the ability to **personalize your plan** to meet your unique healthcare needs.
- **Create your own package** by choosing discretionary supplemental benefits from a menu of options.
- Change your discretionary supplemental benefits annually to **meet your changing healthcare needs.**

Key features of the new Jade plan:

- Attractive benefits including a low monthly premium, low MOOP & competitive copays for medical and drug
- Supplemental benefits including dental, vision, hearing, OTC, Visitor/Travel & Assist America are embedded

Jade Bene-Flex™ Menu Offerings

Benefit Details

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 • Assist America® • Visitor/Travel	• Massage Therapy • 10 visits • Acupuncture • 10 visits • Fitness Tracker • Fitbit® • Toenail Trimming • 6 times per year • Nutrition Coaching • 4 visits • BrainHQ Memory Fitness • Annual subscription	• SilverSneakers® • Papa Pals • 80 hours • Chiropractic Care • 10 visits • Transportation • 24 one-way trips • Indoor Air Quality • Air purifier* • Meal Delivery • Post-Discharge – 28 meals; • or • Chronic Care – 84 meals**	• Flex Card for Vision, Dental & Hearing • \$550 additional allowance on your SummaCare Visa to lower out-of-pocket expenses • Healthy Grocery Allowance** • \$40 monthly allowance on your SummaCare Visa • PERS (Personal Emergency Response System) • Home Safety Devices • \$400 allowance, not limited by diagnosis

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

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

Jade Bene-Flex™ Menu Offerings

Benefit Details



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 • Assist America® • Visitor/Travel	• Massage Therapy • 10 visits • Acupuncture • 10 visits • Fitness Tracker • Fitbit® • Toenail Trimming • 6 times per year • Nutrition Coaching • 4 visits • BrainHQ Memory Fitness • Annual subscription	• SilverSneakers® • Papa Pals • 80 hours • Chiropractic Care • 10 visits • Transportation • 24 one-way trips • Indoor Air Quality • Air purifier* • Meal Delivery • Post-Discharge – 28 meals; • or • Chronic Care – 84 meals**	• Flex Card for Vision, Dental & Hearing • \$550 additional allowance on your SummaCare Visa to lower out-of-pocket expenses • Healthy Grocery Allowance** • \$40 monthly allowance on your SummaCare Visa • PERS (Personal Emergency Response System) • Home Safety Devices • \$400 allowance, not limited by diagnosis

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

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



Comparing Our Plans

SummaCare Medicare

Enhanced 2023 Benefits over 2022 Benefits

Plan / Enhancement	Amber	Topaz	Garnet	Ruby	Sapphire	Emerald
Premium	\$0	\$0	\$29	\$43	\$76	\$170 (-\$10)
MOOP	\$3,450	\$3,700 (-\$200)	\$3,800 (-\$100)	\$3,600 (-\$100)	\$3,550 (-\$50)	\$3,400
Specialist	\$30	\$35 (-\$5)	\$40	\$35	\$35	\$0 (-\$20)
Inpatient	\$250	\$340	\$306	\$260 (-\$10)	\$240	\$205
Urgent Care	\$40	\$30 (-\$15)	\$30 (-\$15)	\$25 (-\$15)	\$25 (-\$15)	\$25 (-\$15)
Rx Deductible	N/A	\$0 (-\$150)*	\$0	\$0	\$0	\$0
Formulary	N/A	Moved select generics from T2 to T6 for adherence and added 100 DS Moved over 200+ generics from T4 to T2				
Dental Max	\$2,000 (+\$1,500)	\$2,000 (+\$1,500)	\$2,000 (+\$1,250)	\$500	\$2,000 (+\$1,500)	\$2,000 (+\$1,500)
Hearing Aids	Switched to Amplifon. \$395 or \$695 copay (-\$100 on higher tier) More models available.					
Vision Hardware	\$200 Allowance	\$230 Allowance (+\$55)	\$350 Allowance (+\$50)	\$225 Allowance (+\$20)	\$250 Allowance	\$300 Allowance (+\$25)
OTC	\$25/Qtr (Added retail)	\$75/Qtr (Added retail)	\$100/Qtr (Added retail)	\$25/Qtr (Added retail)	\$40/Qtr (+\$10) (Added retail)	\$55/Qtr (+\$15) (Added retail)
Travel	FL, TX & AZ	FL, TX & AZ (Added TX & AZ)				

*Also Decreased T2 & T3 copays by \$1 on Topaz

Our Portfolio of Plans

Medical Services/Benefits

Service/Benefit	Amber (HMO)	Topaz (HMO)	Jade 1 (HMO)	Garnet (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
Monthly Plan Premium	\$0	\$0	\$19	\$29	\$43	\$76	\$170
Inpatient Hospital	\$250 Copay/ 1 to 5 days	\$340 Copay/ 1 to 6 days	\$325 Copay/ 1 to 6 days	\$306 Copay/ 1 to 6 days	\$270 Copay/ 1 to 6 days	\$240 Copay/ 1 to 6 days	\$205 Copay/ 1 to 5 days
Medical Deductible	None	None	None	None	None	None	None
Out-of-Pocket Maximum (in-network services only)	\$3,450	\$3,700	\$3,850	\$3,700	\$3,600	\$3,550	\$3,400
Primary Care Provider Office Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Specialist Office Visit	\$30 Copay	\$35 Copay	\$35 Copay	\$40 Copay	\$40 Copay	\$35 Copay	\$0 Copay
Ambulatory Surgical Center/ Outpatient Hospital Facility	\$250 Copay	\$310 Copay	\$305 Copay	\$275 Copay	\$250 Copay	\$250 Copay	\$175 Copay
Ambulance Copay— Ground	\$200 Copay	\$290 Copay	\$290 Copay	\$225 Copay	\$200 Copay	Copay \$200	\$200 Copay
Emergency Care	\$110 Copay	\$110 Copay	\$110 Copay	\$110 Copay	\$110 Copay	\$110 Copay	\$110 Copay
Urgent Care	\$40 Copay	\$30 Copay	\$25 Copay	\$30 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Lab Services	\$5 Copay	\$0 to \$10 Copay	\$0 to \$8 Copay	\$0 to \$5 Copay	\$0 to \$8 Copay	\$0 to \$6 Copay	\$0 to \$4 Copay
Diagnostic Procedures & Tests	\$50 Copay	\$0 to \$125 Co- pay	\$0 to \$100 Copay	\$0 to \$50 Copay	\$0 to \$125 Co- pay	\$0 to \$99 Copay	\$0 to \$75 Copay
X-Ray	\$50 Copay	\$75 to \$130 Copy	\$0 to \$110 Copay	\$0 to \$50 Copay	\$0 to \$110 Co- pay	\$0 to \$99 Copay	\$0 to \$75 Copay
Diagnostic Radiology Services	\$125 Copay	\$175 Copay	\$150 Copay	\$125 Copay	\$150 Copay	\$150 Copay	\$100 Copay

Our Portfolio of Plans

Medical Services/Benefits

Service/Benefit	Amber (HMO)	Topaz (HMO)	Jade 2 (HMO)	Garnet (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
Monthly Plan Premium	\$0	\$0	\$19	\$29	\$43	\$76	\$170
Inpatient Hospital	\$250 Copay/ 1 to 5 days	\$340 Copay/ 1 to 6 days	\$335 Copay/ 1 to 6 days	\$306 Copay/ 1 to 6 days	\$270 Copay/ 1 to 6 days	\$240 Copay/ 1 to 6 days	\$205 Copay/ 1 to 5 days
Medical Deductible	None	None	None	None	None	None	None
Out-of-Pocket Maximum (in-network services only)	\$3,450	\$3,700	\$3,850	\$3,700	\$3,600	\$3,550	\$3,400
Primary Care Provider Office Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Specialist Office Visit	\$30 Copay	\$35 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$35 Copay	\$0 Copay
Ambulatory Surgical Center/ Outpatient Hospital Facility	\$250 Copay	\$310 Copay	\$305 Copay	\$275 Copay	\$250 Copay	\$250 Copay	\$175 Copay
Ambulance Copay – Ground	\$200 Copay	\$290 Copay	\$300 Copay	\$225 Copay	\$200 Copay	\$200 Copay	\$200 Copay
Emergency Care	\$110 Copay	\$110 Copay	\$110 Copay	\$110 Copay	\$110 Copay	\$110 Copay	\$110 Copay
Urgent Care	\$40 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Lab Services	\$5 Copay	\$0 to \$10 Copay	\$0 to \$10 Copay	\$0 to \$5 Copay	\$0 to \$8 Copay	\$0 to \$6 Copay	\$0 to \$4 Copay
Diagnostic Procedures & Tests	\$50 Copay	\$0 to \$125 Co- pay	\$0 to \$125 Copay	\$0 to \$50 Copay	\$0 to \$125 Co- pay	\$0 to \$99 Copay	\$0 to \$75 Copay
X-Ray	\$50 Copay	\$75 to \$130 Copy	\$0 to \$110 Copay	\$0 to \$50 Copay	\$0 to \$110 Co- pay	\$0 to \$99 Copay	\$0 to \$75 Copay
Diagnostic Radiology Services	\$125 Copay	\$175 Copay	\$150 Copay	\$125 Copay	\$150 Copay	\$150 Copay	\$100 Copay

Amber (HMO)

Service/Benefit	Amber (HMO)
Medical	
Monthly Plan Premium	\$0
Inpatient Hospital	\$250 Copay/1 to 5 days
Medical Deductible	None
Out-of-Pocket Maximum (in-network services only)	\$3,450
Primary Care Provider Office Visit	\$0 Copay
Specialist Office Visit	\$30 Copay
Ambulatory Surgical Center/ Outpatient Hospital Facility	\$250 Copay
Ambulance Copay—Ground	\$200 Copay
Emergency Care	\$110 Copay
Urgent Care	\$40 Copay
Lab Services	\$5 Copay
Diagnostic Procedures & Tests	\$50 Copay
X-Ray	\$50 Copay
Diagnostic Radiology Services	\$125 Copay
Part D Prescription Drug Coverage	
Deductible	N/A
Generic - Preferred (Tier 1)	N/A
Generic - Non-Preferred (Tier 2)	N/A
Brand/Drug - Preferred (Tier 3)	N/A
Brand/Drug - Non-Preferred (Tier 4)	N/A
Specialty Drugs (Tier 5)	N/A
Select Care Drugs & Vaccines (Tier 6)	N/A

Service/Benefit	Amber (HMO)
Dental, Vision and Hearing	
Preventive Dental Benefits	\$0
Dental Max	\$2,000
Comprehensive Dental Coverage	NEW for 2023: Bridges, Crowns, Dentures Root Canals & Simple Extractions
Glasses or Contacts After Cataract Surgery	\$0
Vision Exams to Diagnose & Treat	\$0
Vision Hardware Allowance	\$200
Diagnostic & Supplemental Hearing Exam	\$0 to \$20 Copay
Hearing Aids (Limit 1 per ear every year)	\$395 or \$695 Copay
Extra Benefits	
Transportation	\$0, 6 One way trips
Home Safety Devices	\$150 allowance
Teladoc Telehealth (General acute, Derm, BH)	\$0
Non Teladoc Telehealth	\$0 Copay for PCP, Dermatology or Behavioral Health/ \$20 all others
Over-the-Counter (OTC) items	\$25 per quarter (Includes Retail)
Fitness	SilverSneakers®
Visitor/Travel	Yes - FL, TX, AZ
Meal Delivery	14 Meals (2/day) Post Discharge, A1C >8
Papa Pals	90 Max Hours
BrainHQ	Covered
PERS (Personal Emergency Response System)	Not Covered
Assist America®	Covered

Topaz (HMO)

Service/Benefit	Topaz (HMO)
Medical	
Monthly Plan Premium	\$0
Inpatient Hospital	\$340 Copay/1 to 6 days
Medical Deductible	None
Out-of-Pocket Maximum (in-network services only)	\$3,700
Primary Care Provider Office Visit	\$0 Copay
Specialist Office Visit	\$35 Copay
Ambulatory Surgical Center/ Outpatient Hospital Facility	\$310 Copay
Ambulance Copay – Ground	\$290 Copay
Emergency Care	\$110 Copay
Urgent Care	\$30 Copay
Lab Services	\$0 to \$10 Copay
Diagnostic Procedures & Tests	\$0 to \$125 Copay
X-Ray	\$75 to \$130 Copy
Diagnostic Radiology Services	\$175 Copay
Part D Prescription Drug Coverage	
Deductible	\$0
Generic - Preferred (Tier 1)	\$0
Generic (Tier 2)	\$9
Brand/Drug - Preferred (Tier 3)	\$46
Non-Preferred (Tier 4)	\$100
Specialty Drugs (Tier 5)	33%
Select Care Drugs & Vaccines (Tier 6)	\$0

Service/Benefit	Topaz (HMO)
Dental, Vision and Hearing	
Preventive Dental Benefits	\$0
Dental Max	\$2,000
Comprehensive Dental Coverage	NEW for 2023: Bridges, Crowns, Dentures Root Canals & Simple Extractions
Glasses or Contacts After Cataract Surgery	\$0
Vision Exams to Diagnose & Treat	\$0
Vision Hardware Allowance	\$230
Diagnostic & Supplemental Hearing Exam	\$0 to \$20 Copay
Hearing Aids (Limit 1 per ear every year)	\$395 or \$695 Copay
Extra Benefits	
Transportation	\$0, 6 One way trips
Home Safety Devices	\$150 allowance
Teladoc Telehealth (General acute, Derm, BH)	\$0
Non Teladoc Telehealth	\$0 Copay for PCP, Dermatology or Behavioral Health/ \$20 all others
Over-the-Counter (OTC) items	\$75 per quarter
Fitness	SilverSneakers®
Visitor/Travel	Yes - FL, TX, AZ
Meal Delivery	14 Meals (2/day) Post Discharge, A1C >8
Papa Pals	60 Max Hours
BrainHQ	Covered
PERS (Personal Emergency Response System)	Not Covered
Assist America®	Covered

Jade 1 (HMO)

Service/Benefit	Jade 1
Medical	
Monthly Plan Premium	\$19
Inpatient Hospital	\$325 Copay/1 to 6 days
Medical Deductible	None
Out-of-Pocket Maximum (in-network services only)	\$3,850
Primary Care Provider Office Visit	\$0 Copay
Specialist Office Visit	\$35 Copay
Ambulatory Surgical Center/ Outpatient Hospital Facility	\$305 Copay
Ambulance Copay – Ground	\$290 Copay
Emergency Care	\$110 Copay
Urgent Care	\$25 Copay
Lab Services	\$0 to \$8 Copay
Diagnostic Procedures & Tests	\$0 to \$100 Copay
X-Ray	\$0 to \$110 Copay
Diagnostic Radiology Services	\$150 Copay
Part D Prescription Drug Coverage	
Deductible	\$0
Generic - Preferred (Tier 1)	\$0
Generic (Tier 2)	\$8
Brand/Drug - Preferred (Tier 3)	\$44
Non-Preferred (Tier 4)	\$100
Specialty Drugs (Tier 5)	33%
Select Care Drugs & Vaccines (Tier 6)	\$0

Service/Benefit	Jade 1
Dental, Vision and Hearing	
Preventive Dental Benefits	\$0
Dental Max	\$2,000
Comprehensive Dental Coverage	30% coinsurance for fillings, extractions and root canals; 50% coinsurance for bridges, crowns and dentures.
Glasses or Contacts After Cataract Surgery	\$0
Vision Exams to Diagnose & Treat	\$0
Vision Hardware Allowance	\$200
Diagnostic & Supplemental Hearing Exam	\$0 to \$15 Copay
Hearing Aids (Limit 1 per ear every year)	\$395 or \$695 Copay
Extra Benefits	
Transportation	Bene-Flex™
Home Safety Devices	Bene-Flex™
Teladoc Telehealth (General acute, Derm, BH)	\$0
Non Teladoc Telehealth	\$0 Copay for PCP, Dermatology or Behavioral Health/ \$20 all others
Over-the-Counter (OTC) items	\$80 per quarter
Fitness	Bene-Flex™
Visitor/Travel	Yes - FL, TX, AZ
Meal Delivery	Bene-Flex™
Papa Pals	Bene-Flex™
BrainHQ	Bene-Flex™
PERS (Personal Emergency Response System)	Bene-Flex™
Assist America®	Covered

Jade 2 (HMO)

Service/Benefit	Jade 2
Medical	
Monthly Plan Premium	\$19
Inpatient Hospital	\$335 Copay/1 to 6 days
Medical Deductible	None
Out-of-Pocket Maximum (in-network services only)	\$3,850
Primary Care Provider Office Visit	\$0 Copay
Specialist Office Visit	\$40 Copay
Ambulatory Surgical Center/ Outpatient Hospital Facility	\$305 Copay
Ambulance Copay – Ground	\$300 Copay
Emergency Care	\$110 Copay
Urgent Care	\$30 Copay
Lab Services	\$0 to \$10 Copay
Diagnostic Procedures & Tests	\$0 to \$125 Copay
X-Ray	\$0 to \$110 Copay
Diagnostic Radiology Services	\$150 Copay
Part D Prescription Drug Coverage	
Deductible	\$0
Generic - Preferred (Tier 1)	\$0
Generic (Tier 2)	\$8
Brand/Drug - Preferred (Tier 3)	\$44
Non-Preferred (Tier 4)	\$100
Specialty Drugs (Tier 5)	33%
Select Care Drugs & Vaccines (Tier 6)	\$0

Service/Benefit	Jade 2
Dental, Vision and Hearing	
Preventive Dental Benefits	\$0
Dental Max	\$2,000
Comprehensive Dental Coverage	30% coinsurance for fillings, extractions and root canals; 50% coinsurance for bridges, crowns and dentures
Glasses or Contacts After Cataract Surgery	\$0
Vision Exams to Diagnose & Treat	\$0
Vision Hardware Allowance	\$175
Diagnostic & Supplemental Hearing Exam	\$0 to \$15 Copay
Hearing Aids (Limit 1 per ear every year)	\$395 or \$695 Copay
Extra Benefits	
Transportation	Bene-Flex™
Home Safety Devices	Bene-Flex™
Teladoc Telehealth (General acute, Derm, BH)	\$0
Non Teladoc Telehealth	\$0 Copay for PCP, Dermatology or Behavioral Health/ \$20 all others
Over-the-Counter (OTC) items	\$60 per quarter
Fitness	Bene-Flex™
Visitor/Travel	Yes - FL, TX, AZ
Meal Delivery	Bene-Flex™
Papa Pals	Bene-Flex™
BrainHQ	Bene-Flex™
PERS (Personal Emergency Response System)	Bene-Flex™
Assist America®	Covered

Garnet (HMO)

Service/Benefit	Garnet (HMO)
Medical	
Monthly Plan Premium	\$29
Inpatient Hospital	\$306 Copay/1 to 6 days
Medical Deductible	None
Out-of-Pocket Maximum (in-network services only)	\$3,700
Primary Care Provider Office Visit	\$0 Copay
Specialist Office Visit	\$40 Copay
Ambulatory Surgical Center/ Outpatient Hospital Facility	\$275 Copay
Ambulance Copay – Ground	\$225 Copay
Emergency Care	\$110 Copay
Urgent Care	\$30 Copay
Lab Services	\$0 to \$5 Copay
Diagnostic Procedures & Tests	\$0 to \$50 Copay
X-Ray	\$0 to \$50 Copay
Diagnostic Radiology Services	\$125 Copay
Part D Prescription Drug Coverage	
Deductible	\$0
Generic - Preferred (Tier 1)	\$0
Generic (Tier 2)	\$8
Brand/Drug - Preferred (Tier 3)	\$44
Non-Preferred (Tier 4)	\$100
Specialty Drugs (Tier 5)	33%
Select Care Drugs & Vaccines (Tier 6)	\$0

Service/Benefit	Garnet (HMO)
Dental, Vision and Hearing	
Preventive Dental Benefits	\$0
Dental Max	\$2,000
Comprehensive Dental Coverage	NEW for 2023: Bridges, Crowns & Dentures - \$0 copay
Glasses or Contacts After Cataract Surgery	\$0
Vision Exams to Diagnose & Treat	\$0
Vision Hardware Allowance	\$350
Diagnostic & Supplemental Hearing Exam	\$0 to \$15 Copay
Hearing Aids (Limit 1 per ear every year)	\$395 or \$695 Copay
Extra Benefits	
Transportation	\$0, 8 One way trips
Home Safety Devices	\$200 allowance
Teladoc Telehealth (General acute, Derm, BH)	\$0
Non Teladoc Telehealth	\$0 Copay for PCP, Dermatology or Behavioral Health/ \$20 all others
Over-the-Counter (OTC) items	\$100 per quarter
Fitness	SilverSneakers®
Visitor/Travel	Yes - FL, TX, AZ
Meal Delivery	14 Meals (2/day) Post Discharge, A1C >8
Papa Pals	60 Max Hours
BrainHQ	Covered
PERS (Personal Emergency Response System)	Not Covered
Assist America®	Covered

Ruby (HMO)

Service/Benefit	Ruby (HMO)
Medical	
Monthly Plan Premium	\$43
Inpatient Hospital	\$270 Copay/1 to 6 days
Medical Deductible	None
Out-of-Pocket Maximum (in-network services only)	\$3,600
Primary Care Provider Office Visit	\$0 Copay
Specialist Office Visit	\$40 Copay
Ambulatory Surgical Center/ Outpatient Hospital Facility	\$250 Copay
Ambulance Copay – Ground	\$200 Copay
Emergency Care	\$110 Copay
Urgent Care	\$25 Copay
Lab Services	\$0 to \$8 Copay
Diagnostic Procedures & Tests	\$0 to \$125 Copay
X-Ray	\$0 to \$110 Copay
Diagnostic Radiology Services	\$150 Copay
Part D Prescription Drug Coverage	
Deductible	\$0
Generic - Preferred (Tier 1)	\$0
Generic (Tier 2)	\$8
Brand/Drug - Preferred (Tier 3)	\$44
Non-Preferred (Tier 4)	\$100
Specialty Drugs (Tier 5)	33%
Select Care Drugs & Vaccines (Tier 6)	\$0

Service/Benefit	Ruby (HMO)
Dental, Vision and Hearing	
Preventive Dental Benefits	\$0
Dental Max	\$500
Comprehensive Dental Coverage	Fillings only - 50% coinsurance
Glasses or Contacts After Cataract Surgery	\$0
Vision Exams to Diagnose & Treat	\$0
Vision Hardware Allowance	\$225
Diagnostic & Supplemental Hearing Exam	\$0 to \$15 Copay
Hearing Aids (Limit 1 per ear every year)	\$395 or \$695 Copay
Extra Benefits	
Transportation	\$0, 6 One way trips
Home Safety Devices	\$175 allowance
Teladoc Telehealth (General acute, Derm, BH)	\$0
Non Teladoc Telehealth	\$0 Copay for PCP, Dermatology or Behavioral Health/ \$20 all others
Over-the-Counter (OTC) items	\$25 per quarter
Fitness	SilverSneakers®
Visitor/Travel	Yes - FL, TX, AZ
Meal Delivery	14 Meals (2/day) Post Discharge, A1C >8
Papa Pals	80 Max Hours
BrainHQ	Covered
PERS (Personal Emergency Response System)	Not Covered
Assist America®	Covered

Sapphire (HMO-POS)

In-Network Benefits

Service/Benefit	Sapphire (HMO-POS)
Medical	
Monthly Plan Premium	\$76
Inpatient Hospital	\$240 Copay/1 to 6 days
Medical Deductible	None
Out-of-Pocket Maximum (in-network services only)	\$3,550
Primary Care Provider Office Visit	\$0 Copay
Specialist Office Visit	\$35 Copay
Ambulatory Surgical Center/ Outpatient Hospital Facility	\$250 Copay
Ambulance Copay – Ground	\$200 Copay
Emergency Care	\$110 Copay
Urgent Care	\$25 Copay
Lab Services	\$0 to \$6 Copay
Diagnostic Procedures & Tests	\$0 to \$99 Copay
X-Ray	\$0 to \$99 Copay
Diagnostic Radiology Services	\$150 Copay
Part D Prescription Drug Coverage	
Deductible	\$0
Generic - Preferred (Tier 1)	\$0
Generic (Tier 2)	\$8
Brand/Drug - Preferred (Tier 3)	\$44
Non-Preferred (Tier 4)	\$100
Specialty Drugs (Tier 5)	33%
Select Care Drugs & Vaccines (Tier 6)	\$0

Service/Benefit	Sapphire (HMO-POS)
Dental, Vision and Hearing	
Preventive Dental Benefits	\$0
Dental Max	\$2,000
Comprehensive Dental Coverage	NEW for 2023: Bridges, Crowns, Dentures, Root Canals & Simple Extractions
Glasses or Contacts After Cataract Surgery	\$0
Vision Exams to Diagnose & Treat	\$0
Vision Hardware Allowance	\$250
Diagnostic & Supplemental Hearing Exam	\$0 to \$15 Copay
Hearing Aids (Limit 1 per ear every year)	\$395 or \$695 Copay
Extra Benefits	
Transportation	\$0, 10 One way trips
Home Safety Devices	\$225 allowance
Teladoc Telehealth (General acute, Derm, BH)	\$0
Non Teladoc Telehealth	\$0 Copay for PCP, Dermatology or Behavioral Health/ \$20 all others
Over-the-Counter (OTC) items	\$40 per quarter
Fitness	SilverSneakers®
Visitor/Travel	Yes - FL, TX, AZ
Meal Delivery	14 Meals (2/day) Post Discharge, A1C >8
Papa Pals	100 Max Hours
BrainHQ	Covered
PERS (Personal Emergency Response System)	Not Covered
Assist America®	Covered

Emerald (HMO-POS)

In-Network Benefits

Service/Benefit	Emerald (HMO-POS)
Medical	
Monthly Plan Premium	\$170
Inpatient Hospital	\$205 Copay/1 to 5 days
Medical Deductible	None
Out-of-Pocket Maximum (in-network services only)	\$3,400
Primary Care Provider Office Visit	\$0
Specialist Office Visit	\$0
Ambulatory Surgical Center/ Outpatient Hospital Facility	\$175 Copay
Ambulance Copay – Ground	\$200 Copay
Emergency Care	\$110 Copay
Urgent Care	\$25 Copay
Lab Services	\$0 to \$4 Copay
Diagnostic Procedures & Tests	\$0 to \$75 Copay
X-Ray	\$0 to \$75 Copay
Diagnostic Radiology Services	\$100 Copay
Part D Prescription Drug Coverage	
Deductible	\$0
Generic - Preferred (Tier 1)	\$0
Generic (Tier 2)	\$8
Brand/Drug - Preferred (Tier 3)	\$39
Non-Preferred (Tier 4)	\$95
Specialty Drugs (Tier 5)	33%
Select Care Drugs & Vaccines (Tier 6)	\$0

Service/Benefit	Emerald (HMO-POS)
Dental, Vision and Hearing	
Preventive Dental Benefits	\$0
Dental Max	\$2,000
Comprehensive Dental Coverage	NEW for 2023: Bridges, Crowns, Dentures, Root Canals & Simple Extractions
Glasses or Contacts After Cataract Surgery	\$0
Vision Exams to Diagnose & Treat	\$0
Vision Hardware Allowance	\$300
Diagnostic & Supplemental Hearing Exam	\$0
Hearing Aids (Limit 1 per ear every year)	\$395 or \$695 Copay
Extra Benefits	
Transportation	\$0, 12 One way trips
Home Safety Devices	\$250 allowance
Teladoc Telehealth (General acute, Derm, BH)	\$0
Non Teladoc Telehealth	\$0 Copay for PCP, Dermatology or Behavioral Health/ \$20 all others
Over-the-Counter (OTC) items	\$55 per quarter
Fitness	SilverSneakers®
Visitor/Travel	Yes - FL, TX, AZ
Meal Delivery	14 Meals (2/day) Post Discharge, A1C >8
Papa Pals	120 Max Hours
BrainHQ	Covered
PERS (Personal Emergency Response System)	Covered
Assist America®	Covered



Benefit Bucks and SummaCare Visa Card

Benefit Bucks and SummaCare Visa Card

Your OTC allowance, member rewards and Jade flexible benefits (if selected) will all be accessed with a single card!

There are three ways SummaCare Medicare Members may use their Benefit Bucks on their new SummaCare Visa Card:

1. Over-The-Counter (OTC) Allowance
2. Member Rewards Program
3. Jade Benefit Allowance



Benefit Bucks and SummaCare Visa Card

1. Over-the-Counter (OTC) Allowance Benefit Bucks

All SummaCare Medicare Advantage plans offer a quarterly OTC allowance that may be used to buy non-prescription drugs and everyday health-related items, for example, pain relievers, antacids, cough drops and first aid supplies.

OTC allowance amounts vary by plan and unused quarterly balances do not roll over. Your OTC allowance can be used to order health-related items over the phone (855.435.5111 or TTY: 711), online via summacareotc.com or in person at more than 62,000 participating retailers.

Member Rewards can be used at more than 62,000 participating retailers.

*Card cannot be used for alcohol, tobacco, firearm, fuel, lottery or gift card purchases.

Benefit Bucks and SummaCare Visa Card

2. Member Rewards Program

Receive Benefit Bucks on your SummaCare Visa card for using key preventive care services, including:

- Annual Wellness Visit \$50
- Breast Cancer Screening \$10
- Colorectal Cancer Screening \$10

Member Rewards can be used at more than 62,000 participating retailers. Items that can be purchased are not restricted.*

Member Rewards can be used at more than 62,000 participating retailers.

*Card cannot be used for alcohol, tobacco, firearm, fuel, lottery or gift card purchases.

Benefit Bucks and SummaCare Visa Card

3. Bene-Flex™ Benefit Bucks—Chosen By Members on Jade (HMO)

Flex Card with additional \$550 allowance for dental, vision and hearing expenses above and beyond the benefit. These funds will be loaded on your SummaCare Visa card. You can use your additional allowance at any vision hardware provider with the exception of purchases at Wal-Mart's vision center. You may use your additional allowance with your Delta Dental provider or other dentists of your choice. You can use your allowance toward hearing aids at any provider in or out of network.

\$40/month allowance for healthy grocery items (for example fruits, vegetable, milk, eggs, etc.) will be loaded on your SummaCare Visa card. This monthly allowance may be used at any of the 62,000+ retail locations.*

Member Rewards can be used at more than 62,000 participating retailers.

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

National Retailers

62,000+ Participating National Retailers

SummaCare's members can use their SummaCare Visa card at neighborhood retailers, in addition to home delivery channels (e.g. web, app, phone, mail), providing easy access to items at retail locations. OTC health-related items can still be shipped right to your door.

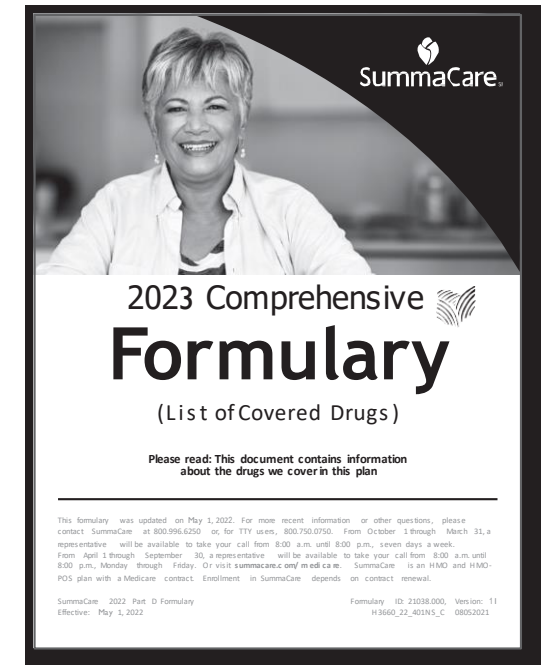




SummaCare Part D

SummaCare's Part D

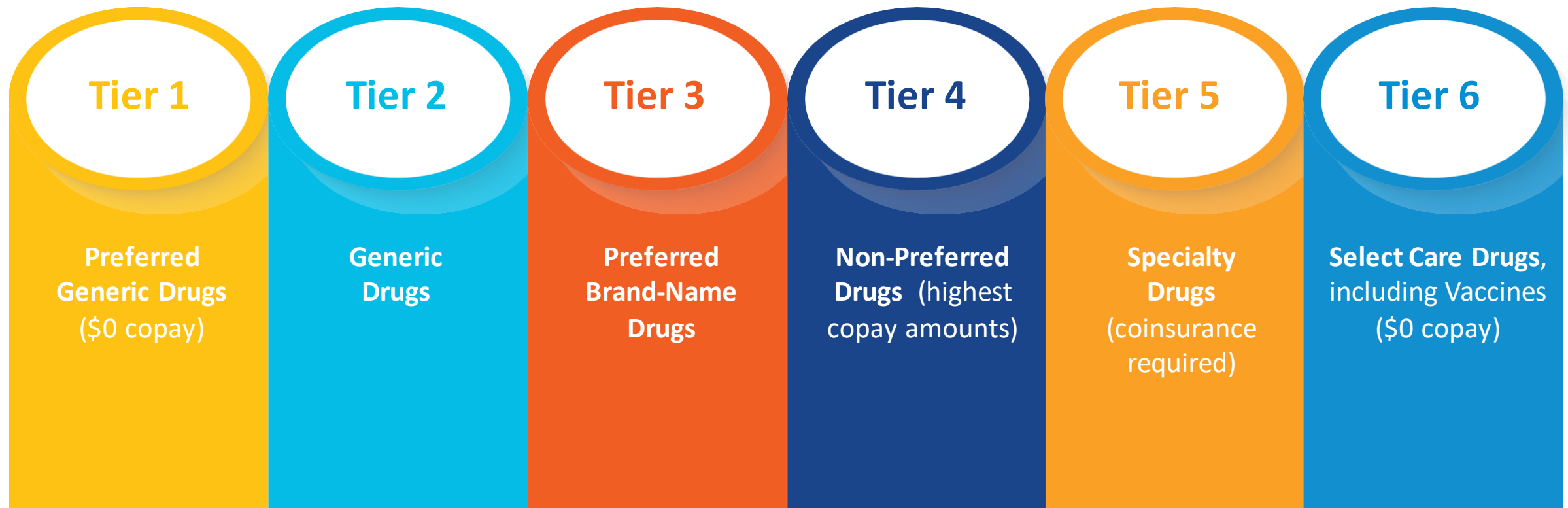
- MedImpact handles all Part D prescription drug claims and Prior authorization requests for SummaCare.
 - Prescription Drug Benefit, Pharmacy Network and the SummaCare Part D Comprehensive Formulary are available on our website.
 - **SummaCare Medicare has an open retail pharmacy network and does not require members to use preferred pharmacies.**
- SummaCare's Mail Order Pharmacy is MedImpact Direct
 - A pharmacy search tool is also available on our website
- For more information MedImpact, including MedImpact Direct for mail order, visit summacare.com/medicare-members/prescription-drugs



The formulary can be found on SummaCare's website
summacare.com/find-your-drug

Drug Tiers

The prescription drugs on the Medicare Advantage formulary are organized into tiers.



No deductible on prescription drug coverage

Highlights for the 2023 Medicare Part D Formulary

- \$0 copay for Tier 6, includes vaccines and **NEW** for 2023 Select Care Drugs to treat chronic diseases like diabetes, high cholesterol, high blood pressure, etc.
- Tier 1 and 6 are covered at \$0 through the gap
- Tier 1 and 6 are available for 100-day supply, as opposed to 90-day supply
- Tier 6 includes the Shingles vaccine
- 217 generic medications moved from Tier 4 to Tier 2

Note: Copays amounts are for one month supply

Our Portfolio of Plans

Part D Prescription Drug Coverage

Service/Benefit	Amber (HMO)	Topaz (HMO)	Jade (HMO)	Garnet (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
Deductible	N/A	\$0	\$0	\$0	\$0	\$0	\$0
Generic - Preferred (Tier 1)	N/A	\$0	\$0	\$0	\$0	\$0	\$0
Generic - (Tier 2)	N/A	\$9	\$8	\$8	\$8	\$8	\$8
Brand/Drug - Preferred (Tier 3)	N/A	\$46	\$44	\$44	\$44	\$44	\$39
Non-Preferred (Tier 4)	N/A	\$100	\$100	\$100	\$100	\$100	\$95
Specialty Drugs (Tier 5)	N/A	33%	33%	33%	33%	33%	33%
Select Care Drugs & Vaccines (Tier 6)	N/A	\$0	\$0	\$0	\$0	\$0	\$0
Coverage in Gap (Tiers 1 & 6)	N/A	P	P	P	P	P	P

Note: Copays amounts are for one month supply



Dental Benefits

Preventive Dental Coverage



All SummaCare Medicare Advantage plans include Delta Dental PPO Embedded preventive dental benefits.

Garnet members have both preventive dental benefits and enhanced, “comprehensive” dental coverage using Delta Dental PPO or Premier network

Embedded coverage includes:

\$0 Copay (per calendar year)

- Two (2) Preventive Dental Exams
- Two (2) Dental Cleanings
- One (1) Dental X-Ray
- \$2,000 maximum benefit for Amber, Garnet, Topaz, Jade, Sapphire and Emerald
- Full Mouth X-Rays/Panoramic Films covered every 5 years
- Unlimited Periapical X-Rays, as needed
- Unlimited problem-focused exams
- \$0 Deductible
- Ruby: Only covers 50% of fillings
- \$500 maximum benefit per calendar year for Ruby members

Comprehensive Dental Coverage



NEW! Dental Maximum increased to \$2,000 on most plans

Service/Benefit	Amber (HMO)	Topaz (HMO)	Jade (HMO)	Garnet (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
Fillings	50%	30%	30%	\$0	50%	50%	50%
Simple Extractions	50%	30%	30%	\$0		50%	50%
Root Canals	50%	30%	30%	\$0		50%	50%
Bridges	70%	50%	50%	70%		70%	70%
Crowns	70%	50%	50%	70%		70%	70%
Dentures	70%	50%	50%	70%		70%	70%
Periodontic Services				\$0			
Relines & Repairs to Bridges & Dentures				\$0			
Maximum	\$2,000	\$2,000	\$2,000	\$2,000	\$500	\$2,000	\$2,000
Network	PPO	PPO	PPO	PPO + Premier	PPO	PPO	PPO

All amounts are member's copay or coinsurance.

New for 2023

• **New** for Amber, Topaz, Jade, Garnet, Sapphire and Emerald plans!

- Bridges
- Dentures
- Crowns

• **New** for Amber, Topaz, Jade, Sapphire and Emerald plans!

- Simple extractions
- Root canals

Optional Supplemental Dental Coverage



- For more comprehensive dental benefits, SummaCare Medicare Advantage members have the option to select the optional supplemental dental coverage, for an additional \$35 monthly premium.
- Must be selected at the time of enrollment, or within 30 days of the member's effective date.
- \$0 deductible
- Both Garnet and the optional supplemental benefit option allow members to use both Delta Dental Premier and PPO network dentists
- There is no out-of-network coverage



Optional Supplemental Dental Benefits



Basic dental service benefits include: (at 50% coverage)

- Restorations
- Root Canals
- Relines & Repairs
- Core Build Up
- Crowns
- Surgical Periodontics
- Pins
- Surgical Extractions and Oral Surgery
- General Anesthesia or IV Sedation (when medically necessary)





Supplemental Benefits

2023 Unique SummaCare Benefits

- **Papa Pals**
 - On every plan, generous allowances, no cost.
- **BrainHQ**
 - Online memory fitness program with brain exercises that have been shown in studies to sharpen cognitive abilities and reduce dementia.
- **SummaCare Visa Card**
 - ONE card for OTC and Rewards & Incentives on all plans. In addition, on Jade with Bene-Flex™ only: if selected an extra \$550 allowance for vision, dental & hearing or a Healthy Grocery Allowance of \$50 per month can be added to the Visa card.
- **Assist America**
 - Worldwide emergency medical travel assistance services.
- **Indoor Air Quality**
 - Provides an air purifier as an option on Bene-Flex™ to Jade members with COPD, increasing the quality of air in their home.
- **Acupuncture & Massage Therapy**
 - Most plans offer supplemental acupuncture and massage therapy services. For those who choose the Jade plan, an enhanced option can be selected on the Bene-Flex™ menu.

Summary of New & Improved Benefits & Plans for 2023



New Plan – Jade with Bene-Flex™



\$2,000 embedded Maximum Benefit for Dental on all plans Except Ruby (HMO)*
• Added coverage for root canals, simple extractions, bridges, crowns and dentures



OTC will now be available through a Visa card that can be used by mail, phone or at 62,000 retail locations



Specialist copay for Emerald (HMO-POS) has been reduced to \$0



Maintenance Drugs have been added to Tier 6 at \$0 copay with 100-day supply



Specialist copay on Topaz (HMO) Plan has been reduced to \$35



Travel Benefit now extends beyond Florida to Arizona and Texas on all plans



The drug deductible on the Topaz Plan has been reduced to \$0



Hearing aids will now be available for \$395 or \$695 through Amplifon



Annual Out-Of-Pocket maximums have been lowered for Topaz, Garnet (HMO), Ruby & Sapphire (HMO-POS)



Urgent Care copays have been lowered on most plans.



Vision hardware allowances have been increased for Topaz, Garnet, Sapphire & Emerald.

*Ruby only: fillings covered at 50%; annual maximum is \$500

Benefits



Papa Pals

Hang Out & Help Out Papa pairs adults and families with Papa Pals for companionship and assistance with everyday tasks. Get help around the house, 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.



Assist America®

Assist America provides global emergency travel assistance when you're more than 100 miles from home or in a foreign country. Assist America gives you peace of mind while traveling, knowing that a single phone call will give you access to a vast network of resources to help coordinate care on your behalf during any medical travel emergency.

Full coverage details for all benefits can be found in the Evidence of Coverage (EOC).



Travel Coverage

All plans receive in-network coverage in the states of Arizona, Florida & Texas when you visit a Medicare-participating provider through our **visitor/travel benefit**. Whether you're a snowbird or regularly travel, go with confidence knowing you're covered. Notes: You still must use SummaCare network providers for Part D prescription drugs and certain supplemental benefits for in-network coverage to apply. There is no limit to the number of times travel benefits can be activated.

Our plans also have built-in **worldwide emergency, urgent care coverage and ambulance services** too, so you can travel close to home, or around the world, worry free.



Meal Delivery

You are covered for meals that fuel healthy living! Following a hospital stay or if you have diabetes with a high A1C level, you can receive home-delivered, nutritious meals to help you focus on rest and recovery.

Our Portfolio of Plans

Extra Benefits

Service/Benefit	Amber (HMO)	Topaz (HMO)	Jade 2 (HMO)	Garnet (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
Transportation	\$0, 6 One-way trips	\$0, 6 One-way trips	Bene-Flex™	\$0, 8 One-way trips	\$0, 6 One-way trips	\$0, 10 One-way trips	\$0, 12 One-way trips
Home Safety Devices	\$150 allowance	\$150 allowance	Bene-Flex™	\$200 allowance	\$175 allowance	\$225 allowance	\$250 allowance
Teladoc Telehealth (General acute, Derm, BH)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non Teladoc Telehealth	\$0 - \$20	\$0 - \$20	\$0 - \$20	\$0 - \$20	\$0 - \$20	\$0 - \$20	\$0 - \$20
Over-the-Counter (OTC) items (Includes Retail)	\$25 Per quarter	\$75 Per quarter	\$60 Per quarter	\$100 Per quarter	\$25 Per quarter	\$40 Per quarter	\$55 Per quarter
Fitness	SilverSneakers®	SilverSneakers®	Bene-Flex™	SilverSneakers®	SilverSneakers®	SilverSneakers®	SilverSneakers®
Visitor/Travel	Yes - FL, TX, AZ	Yes - FL, TX, AZ	Yes - FL, TX, AZ	Yes - FL, TX, AZ	Yes - FL, TX, AZ	Yes - FL, TX, AZ	Yes - FL, TX, AZ
Meal Delivery	14 Meals (2/day) Post Discharge, A1C >8	14 Meals (2/day) Post Discharge, A1C >8	Bene-Flex™	14 Meals (2/day) Post Discharge, A1C >8	14 Meals (2/day) Post Discharge, A1C >8	14 Meals (2/day) Post Discharge, A1C >8	14 Meals (2/day) Post Discharge, A1C >8
Papa Pals	90 Max Hours	60 Max Hours	Bene-Flex™	60 Max Hours	80 Max Hours	100 Max Hours	120 Max Hours
BrainHQ	Covered	Covered	Bene-Flex™	Covered	Covered	Covered	Covered
PERS (Personal Emergency Response System)	Not Covered	Not Covered	Bene-Flex™	Not Covered	Not Covered	Not Covered	Covered
Assist America®	Covered	Covered	Covered	Covered	Covered	Covered	Covered

This is for Jade 2



Preventative & Wellness Benefits

Preventive Benefits

There is no out-of-pocket cost for the following preventive services when provided in-network*:

- Bone Mass Measurement (at-risk patients only)
- Colorectal Screening
- Flu and Pneumonia Vaccine (one per year, no referral needed)
- Hepatitis B Vaccine (at-risk patients only)
- Mammogram Screenings
- Pap Smears & Pelvic Exam
- Prostate Cancer Screening Exam



This is not a complete list. Preventive services for which there is no copay in-network are identified in the Evidence of Coverage (EOC) with an apple icon.

**Age and frequency limits apply. Check the benefit chart in the EOC for details.*

***Use of these funds is limited to specific locations and/or items.*

Annual Wellness Exams

- All SummaCare Medicare plans cover one annual wellness exam per calendar year
- \$0 office visit copay on all plans when the wellness exam is conducted by a SummaCare contracted provider

When preventative services are used, members will receive money on their SummaCare Visa card.**

- Annual Wellness Visit \$50
 - Breast Cancer Screening \$10
 - Colorectal Cancer Screening \$10
-



Diabetic Testing Supplies

There is no out-of-pocket cost for the following preventive services when provided in-network:

- Abbot and Lifescan diabetic test strips are covered.
 - Abbott strips are available through HOMELINK® or any pharmacy.
 - LifeScan strips are available through any pharmacy.



2023 Supplemental Benefits

Meeting the Health and Wellness Needs of Our Members

Bolded benefits are new for 2023

Needs	Socialization	Connectivity	Access to Providers	Safety at Home	Alternative Medicine	Memory Fitness	Nutritional Challenges	Flexibility
Benefits	<u>Papa Pals</u> • Companionship • Home visits • Light Chores • Help with errands <u>Silver Sneakers</u> • Community engagement • Online learning	<u>Papa Pals</u> • Technical guidance • Assistance with installation and use of tech devices	• Rides to providers • Virtual visits • 24-hour nurse line • Teledoc • Travel Coverage	• Reduce fall risks • Environment checks • Safety equipment • Air purifier for indoor air quality	• Acupuncture • Massage Therapy • Chiropractor office visits (Non-Medicare)	<u>Brain HQ</u> • Online, science backed, brain training program that targets cognitive skills	• Nutrition coaching • Healthy grocery Meals to support: • Post-hospitalization recovery • Managing diabetes &/or CHF	• Bene-Flex™ • Flex card to reduce medical out-of-pocket expenses • SummaCare Visa card with purse capability to support multiple benefits

2023 Supplemental Benefits

Meeting the Health and Wellness Needs of Our Members

Bolded benefits are new for 2023

Dental Care

- Preventive dental including cleanings, exams & x-rays
- Comprehensive Dental including fillings, extractions, root canals, **bridges, crowns & dentures**
- Optional supplemental buy-up option

Vision Care

- Vision hardware allowance
- \$0 copay for routine and supplemental vision exams

Hearing Care

- Hearing aids
- \$0 copay for supplemental hearing exam

Convenient Access to Products

Quarterly allowance for over-the-counter items available through mail order, phone, Mobile app or **retail at over 62,000 locations nationwide**

Physical Fitness

- Gym memberships
- Fitness classes
- Fitness companion
- Rides to the gym
- **FitBit**

Coverage While Traveling

- Visitor/Travel benefit
- Worldwide urgent and emergent coverage
- Virtual visits from anywhere
- **Assist America**
 - Global Emergency Services



Claim Edits

Melissa Rusk
VP Operations

Payment Integrity

1. Pre-payment

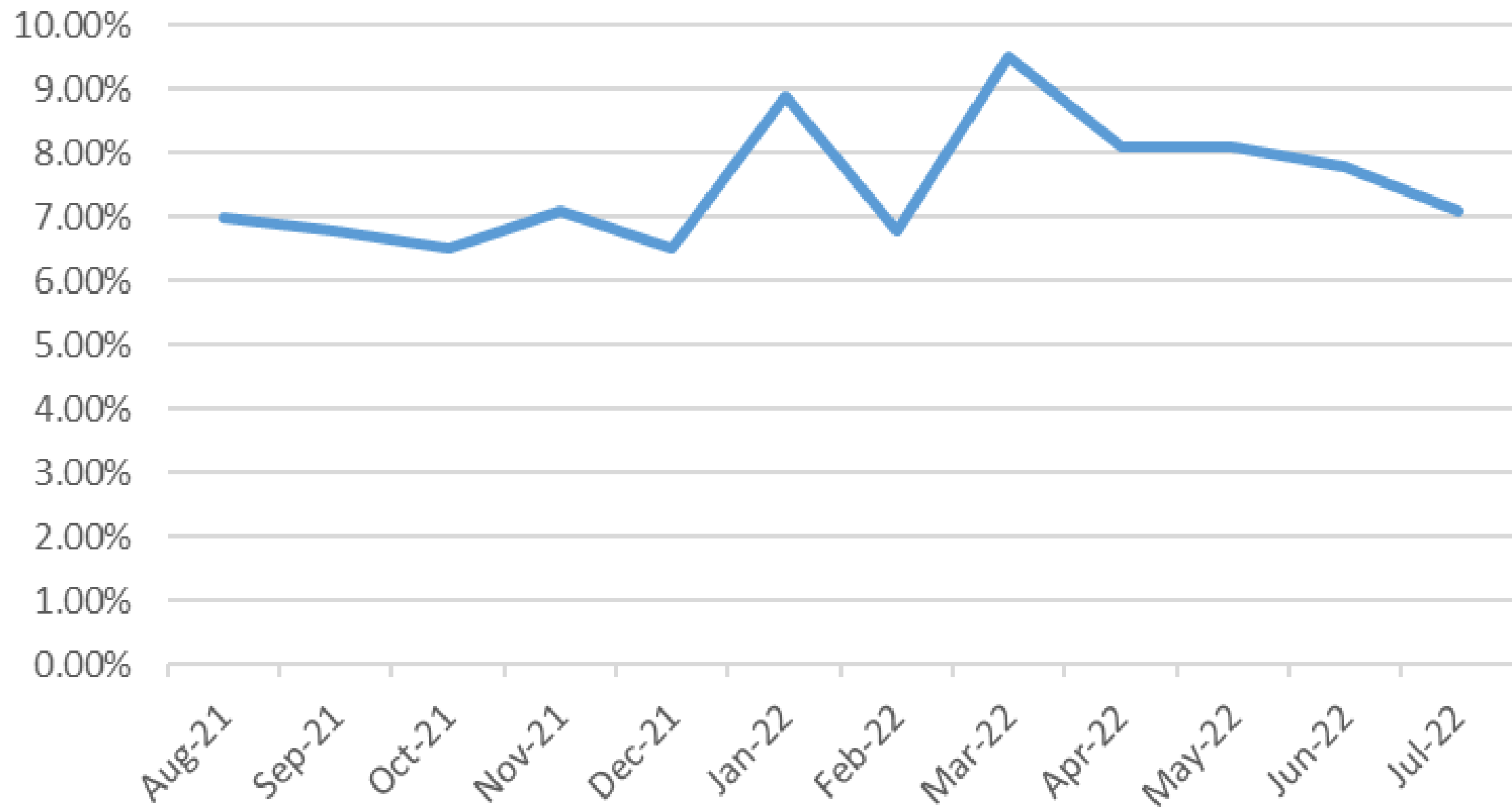
- Optum's CES – deactivated on 9/1/22
- Burgess Source
- Payment Integrity/MARS
 - Appeal directly to MARS
- High dollar claims
 - Appeal directly to the vendor

2. Post-Payment

- High dollar claims
 - Appeal directly to the vendor
- FWA



Adjustment Tracking



Addressing Provider Concerns

Goals

Ongoing active dialogue with Provider Engagement and Provider Support Services

Issue Log – track issues, document responses, track turnaround times

Participate in Provider Calls regarding edits

Publish Burgess Source edits in Plan Central (available as of 9/2/22)



QUESTIONS?

Provider Resources

Visit SummaCare.com/Providers for:

- BetterDoctor Attestation
- EFT/ERA Forms
- Find a Network Provider
- Health Services
- Prior Authorization
- Pharmacy Management
- Provider News & Education
- Provider Policies & Resources
- Quality Management



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Provider Education

Providers

[Become a Network Provider](#)

[BetterDoctor](#)

[Find a Network Provider](#)

[Health Services](#)



Ongoing Events

Think Cultural Health

SummaCare is committed to improving cultural health competency network-wide. We encourage our providers to receive training on equity, cultural competency, bias, diversity and inclusion including the U.S. Department of Health and Human Services, Office of Minority Health free, [continuing education e-learning](#) (Culturally and Linguistically Appropriate Services in Maternal Health Care, Behavioral Health, Oral Health) programs designed to help health care professionals provide culturally competent care. For more information about provider training on equity, cultural competency, bias, diversity and inclusion, please contact your Provider Engagement Specialist at providerengagement@summacare.com.

Provider Assistance



Provider Support Services

Contact ProviderServices@summacare.com

330.996.8400 or **800.996.8401**

- Benefit/program details
- Claims questions
- Authorization status
- Plan Central registration
- Payment questions



Provider Engagement Specialists

ProviderEngagement@summacare.com

- Training
- Quality metrics
- Care gap reports
- HSM programs
- Escalations

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