



Summa Health Employee Health Plan

Frequently Asked Questions

Q: What is Summa + Tier? **A:** Summa + is a benefit Tier that provides you with greater savings on copays, deductibles and out-of-pocket expenses.

Q: How do I determine if my provider is Summa +, Tier 1 or Tier 2? **A:** During open enrollment, the searchable online directory located at summacare.com provides detailed listings for each provider - including the Tier in which they participate. After open enrollment, create an account in Plan Central, so that you can view your specific provider network.

Q: What if my child/student/spouse lives outside of the 20-county service area?

A: Complete the Resident Away form and return it to Employee Benefits; if approved, your child/student/spouse can then access wrap networks with covered benefits payable at the Tier 2 benefit level.

Q: What are the wrap networks? **A:** The wrap networks are available when you or your eligible family member resides outside of the service area on a permanent or temporary basis while attending school full-time. The wrap networks available are Ohio PPO Connect within the state of Ohio and First Health outside of the state of Ohio.

Q: What counties are included in the 20-county service area? **A:** The counties included are: Ashland, Ashtabula, Carroll, Cuyahoga, Erie, Geauga, Holmes, Huron, Lake, Lorain, Mahoning, Medina, Ottawa, Portage, Sandusky, Stark, Summit, Trumbull, Tuscarawas and Wayne.

Q: Are there out-of-network benefits? **A:** There are out-of-network benefits for urgent care and emergency room services only.

Q: What if my covered service cannot be provided by a network provider?

A: If a covered service cannot be provided by a network provider, the service may be authorized for an out-of-network provider, which will be paid at the Tier 2 benefit level.

Q: When do I have to pay the deductible? **A:** If you have the Gold Plan, there is no overall plan deductible. The deductible applies to inpatient hospital/facility services only. If you have the Silver Plan, the deductible applies to all services with the exception of those that have a copay. The schedule of benefits will indicate the services that are subject to deductible.

Q: Will my newborn also pay an inpatient deductible? **A:** No. Only the mother will be charged a deductible at birth. If the child needs to be hospitalized longer than normal, a deductible will be applied.

Q: What is the Maximum Out-of-Pocket? **A:** A maximum out-of-pocket is the most you will pay for covered services in a calendar year. This includes deductibles, medical copays, coinsurance and prescription drug copays. Each tier level has a unique out-of-pocket amount. Tier 2 out-of-pocket expenses are applicable toward Summa + and Tier 1 out-of-pocket.

Q: What is a copay? **A:** A copay is the amount that you must pay for an eligible expense. Copays may be applicable each time a service is rendered and can be collected at the time of service.

Q: What is coinsurance? **A:** Coinsurance is the percentage of the charges that the patient is responsible for once the deductible has been met. Coinsurance applies to the Silver Plan.

Q: What is an Office Visit Facility Charge? **A:** When you see a physician in an office location that is owned and operated by a hospital, the hospital can bill you for that visit, as well as the physician. When the hospital bills for this visit, they are charging for facility costs, including use of space, materials and staff. Our medical plan recognizes this charge, but the patient is responsible for the charge. This charge can range from \$39 to \$500 and is in addition to the physician copay due at the time of the visit.
NOTE: You can save money by using Summa + and Tier 1 facilities, as there is no facility charge associated with an office visit.

Q: What vision services are covered? **A:** The plan will cover a medical eye condition or a diabetic eye exam. Routine eye exams and vision hardware are not covered under this plan. Enrollees are eligible for discounts on these services. Please see the EyeMed Discount flyer for more information.

Q: What is Plan Central? **A:** Plan Central is a secure, online tool that provides access to your specific medical benefits and claims information. You can also view providers available within your network which can help you maximize your healthcare dollars. You can register and access Plan Central through our website at summacare.com.

Q: Does my plan cover a 3D mammogram? **A:** Yes, a 3D mammogram is covered under your preventive health benefits.

Q: What services are considered High Tech Imaging? **A:** Examples of high tech imaging include; CT scan, nuclear cardiology, nuclear scan, MRI and PET scan.

Q: Do I need a referral to see a specialist? **A:** The only time you need a referral to see a specialist is for back pain.