

Gold Plan Schedule of Benefits

| | Network: NewHealthConnect Summa Health | | |
|--|---|---|---|
| Feature/Service | Summa+ | Tier 1 | Tier 2 |
| Annual Deductible | Applies to Inpatient Hospital & Facility services only <ul style="list-style-type: none"> Individual \$500 Family \$1,000 | Applies to Inpatient Hospital & Facility services only <ul style="list-style-type: none"> Individual \$750 Family \$1,500 | Applies to Inpatient Hospital & Facility services only <ul style="list-style-type: none"> Individual \$1,500 Family \$3,000 |
| | Note: Tier 2 deductible expenses are applicable toward Summa+ and Tier 1 deductible. Tier 1 deductible expenses are applicable toward Summa+ deductible. | | |
| Out-of-Pocket Maximum for the Calendar Year | Medical & Pharmacy combined <ul style="list-style-type: none"> Individual \$2,000 Family \$4,000 | Medical & Pharmacy combined <ul style="list-style-type: none"> Individual \$3,000 Family \$6,000 | Medical & Pharmacy combined <ul style="list-style-type: none"> Individual \$6,850 Family \$13,700 |
| | Note: Tier 2 out-of-pocket expenses are applicable toward Summa+ and Tier 1 out-of-pocket maximum. Tier 1 out-of-pocket expenses are applicable toward Summa+ out-of-pocket maximum. In-Vitro Fertilization and Weight Loss Surgery are excluded. | | |

| | Network: NewHealthConnect Summa Health | | |
|--|---|-----------------------|------------------------|
| Covered Services | Summa+ | Tier 1 | Tier 2 |
| Allergy Tests | \$25 Co-pay per visit | \$35 Co-pay per visit | \$70 Co-pay per visit |
| Allergy Desensitization Treatment | \$0 Co-pay | \$0 Co-pay | \$0 Co-pay |
| Ambulance | \$0 Co-pay | \$0 Co-pay | \$0 Co-pay |
| Autism | \$10 Co-pay per visit | \$20 Co-pay per visit | \$35 Co-pay per visit |
| | Coverage for ages 0-21 includes: <ul style="list-style-type: none"> Speech and Language Therapy – limited to 20 visits per calendar year Occupational Therapy – limited to 20 visits per calendar year Clinical Therapeutic Intervention, including Applied Behavioral Analysis (ABA) – limited to 20 hours per week Mental/Behavioral Health Outpatient Services (follows MH benefits) | | |
| Cardiac Rehab Therapy | \$0 Co-pay | \$0 Co-pay | \$0 Co-pay |
| Chiropractic Services | N/A | \$35 Co-pay per visit | \$70 Co-pay per visit |
| | 20 visits per calendar year | | |
| Dialysis | N/A | \$0 Co-pay per visit | \$250 Co-pay per visit |

Gold Plan Schedule of Benefits

| | Network: NewHealthConnect Summa Health | | |
|---|--|--|--|
| Covered Services | Summa+ | Tier 1 | Tier 2 |
| Durable Medical Equipment | \$0 Co-pay through HomeLink | | No coverage |
| Emergency Services | \$250 Co-pay per visit for all emergency service providers; Co-pay waived if admitted to the hospital. | | |
| Home Health Care | \$0 Co-pay for Summa Health at Home | \$20 Co-pay | \$40 Co-pay |
| Inpatient Hospital & Facility Services (including Maternity stays) | Applies to deductible <ul style="list-style-type: none"> Individual \$500 Family \$1,000 | Applies to deductible <ul style="list-style-type: none"> Individual \$750 Family \$1,500 | Applies to deductible <ul style="list-style-type: none"> Individual \$1,500 Family \$3,000 |
| | Out-of-network coverage for emergency admissions only will be covered at the Tier 2 benefit level. | | |
| Inpatient Physician Services | \$0 Co-pay | \$0 Co-pay | \$0 Co-pay |
| Lab/X-Ray & Other Diagnostic | Lab \$0 Co-pay per visit. | Lab \$25 Co-pay per visit. | Lab \$50 Co-pay per visit. |
| | X-Ray & Other Diagnostic \$0 Co-pay per visit. | X-Ray & Other Diagnostic \$55 Co-pay per visit. | X-Ray & Other Diagnostic \$100 Co-pay per visit. |
| | High Tech Imaging \$50 Co-pay per visit | High Tech Imaging \$150 Copay per visit | High Tech Imaging \$400 Co-pay per visit |
| | Summa + Labs: Summa Facility Labs Quest Diagnostics | Tier 1 Labs: Akron Children's Hospital | Tier 2 Labs: Cleveland Clinic Mercy Hospital University Hospitals |
| Observation Stay | 100% after Emergency Room Co-pay | | |
| Outpatient Surgery | Ambulatory Surgery Center \$0 Co-pay per visit | Ambulatory Surgery Center \$200 Co-pay per visit | Ambulatory Surgery Center \$400 Co-pay per visit |
| | Outpatient Hospital \$150 Co-pay per visit | Outpatient Hospital \$300 Co-pay per visit | Outpatient Hospital \$500 Co-pay per visit |
| Physical/ Occupational Therapy | \$10 Co-pay per visit | \$20 Co-pay per visit | \$35 Co-pay per visit |
| | 60 visits per calendar year (physical and occupational therapy combined) | | |
| Physician (PCP) Office Visits (Diagnostic) | \$0 Co-pay per visit | | \$35 Co-pay per visit |
| | Includes Mental Health and Substance Abuse Office Visits. | | |

Gold Plan Schedule of Benefits

| | Network: NewHealthConnect Summa Health | | |
|--|---|---|--|
| Covered Services | Summa+ | Tier 1 | Tier 2 |
| Preventive Services | \$0 Co-pay Preventive Services include: <ul style="list-style-type: none"> • Well childcare visits • Specific women's preventive services • Counseling to prevent illness, disease, or other health problems • Immunizations • Adult preventive visits • Preventive lab work, tests and screenings | | |
| Radiation Therapy | \$0 Co-pay per visit | \$35 Co-pay per visit | \$250 Co-pay per visit |
| Skilled Nursing Facility | N/A | \$0 Co-pay per day | \$40 Co-pay per day |
| | 100 days per calendar year | | |
| Specialist Office Visit | \$25 Co-pay per visit | \$35 Co-pay per visit | \$70 Co-pay per visit |
| Speech Therapy | \$10 Co-pay per visit | \$20 Co-pay per visit | \$35 Co-pay per visit |
| | 30 visits per calendar year | | |
| Transplants | N/A | | Applies to deductible <ul style="list-style-type: none"> • Individual \$1,500 • Family \$3,000 |
| Urgent Care | \$40 Co-pay per visit at any Summa urgent care center | \$60 Co-pay per visit to any urgent care center | |
| Vision Care (Medical) | \$25 Co-pay per visit | \$35 Co-pay per visit | \$70 Co-pay per visit |
| Weight Loss Surgery & Treatment | Surgery = \$2,850 Co-pay Non-surgical services = covered at the applicable benefit based on services provided. Services are ONLY covered at the Summa Bariatric Center. Contact the Bariatric Center about covered procedures and services at 330-375-6554. | | |
| Women's Health | \$0 Co-pay Services include: <ul style="list-style-type: none"> • Well-women's visits • Contraceptive methods/devices and sterilization • Breastfeeding counseling, support and pump • Preventive tests and screenings • Counseling to prevent illness, disease, or other health problems | | |

Gold Plan Schedule of Benefits

| Medical Drug Benefit (includes chemotherapy, infusions and injections) | | | |
|--|--|------------------------|------------------------|
| Network: NewHealthConnect Summa Health | | | |
| Covered Services | Summa+ | Tier 1 | Tier 2 |
| Office | \$0 Co-pay per visit | \$35 Co-pay per visit | \$70 Co-pay per visit |
| Home | \$0 Co-pay per visit (includes Summa Health Outpatient Infusion Services – Stow location) | \$0 Co-pay per visit | \$0 Co-pay per visit |
| Center/Hospital (if drug is on the home infusion list) | \$150 Co-pay per visit | \$300 Co-pay per visit | \$500 Co-pay per visit |
| Center/Hospital (if drug is NOT on the home infusion list) | \$0 Co-pay per visit | \$35 Co-pay per visit | \$250 Co-pay per visit |

| Prescription Drug Benefit | | | | | |
|---------------------------|--|-----------------------------------|---|---------------|---------------------|
| | Summa+ Summa Health pharmacies, Acme, and Giant Eagle | Summa+ Summa Health pharmacies | Retail Pharmacy All other SummaCare network pharmacies | | Mail Order Birdi |
| | 30-day supply | 90-day supply | 30-day supply | 90-day supply | 90-day supply |
| Tier 1 | \$10 Co-pay | \$25 Co-pay | \$25 Co-pay | \$75 Co-pay | \$25 Co-pay |
| Tier 2 | \$35 Co-pay | \$87.50 Co-pay | \$70 Co-pay | \$210 Co-pay | \$87.50 Co-pay |
| Tier 3 | \$70 Co-pay | \$175.00 Co-pay | \$140 Co-pay | \$420 Co-pay | \$175.00 Co-pay |

Specialty Drugs: \$300 Co-pay per 30-day supply. Specialty drugs are high-cost drugs that require special storage of handling and close monitoring of a patient's drug therapy. Specialty drugs are noted on the SummaCare Drug Formulary with an asterisk (*) and are used to treat medical conditions such as cystic fibrosis and multiple sclerosis. These drugs must be obtained through SummaCare's specialty drug network.

Special \$0 Co-pay Items: Under the Affordable Care Act, certain preventive drugs and over-the-counter recommended items/services are required to be covered without cost **when prescribed by a health care provider** as preventive measures. Examples include:

- Generic fluoride supplements for children up to the age of 6 years old.

Gold Plan Schedule of Benefits

- Generic folic acid supplements for women between the ages of 16 and 50.
- Generic aspirin formulations for members between the ages of 45 and 79 (quantity limits apply).
- Generic iron supplements for members ages 6 months to 1 year old.
- Generic oral, vaginal ring and injectable contraceptive products, contraceptive devices, brand formulations of the contraceptive patch (Prior Authorization may be required) and all other brand formulations where a generic alternative is not available (Except for employer groups who qualify for a religious exception as outlined under federal law). An exception for a brand with a generic alternative will be made if the attending Provider recommends a particular brand contraceptive product based on a determination of medical necessity.
- Prescription smoking cessation products; varenicline (up to 180 days in a 365-day period), bupropion (generic only), nicotine nasal spray and inhaler forms (up to 90 days of therapy in a 365-day period).
- Prescription medications tamoxifen and raloxifene when prescribed for preventing breast cancer.
- Select preventive vaccinations, as identified on the formulary; limits may apply.
- Pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to people who are determined to be at high risk of Human immunodeficiency Virus (HIV) acquisition.