

Gold Employee Outside of Ohio Schedule of Benefits

Feature/Service	Summa+	Network
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
	Note: Network 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
	Note: Network out-of-pocket expenses are applicable toward Summa+ out-of-pocket maximum. In-Vitro Fertilization and Weight Loss Surgery are excluded.	
Covered Service	Summa+	Network
Allergy Tests	N/A	\$35 Co-pay per visit
Allergy Desensitization Treatment	\$0 Co-pay	\$0 Co-pay
Ambulance	\$0 Co-pay	\$0 Co-pay
Autism	\$10 Co-pay per visit	\$20 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
Chiropractic Services	N/A	\$35 Co-pay per visit
	20 visits per calendar year	
Dialysis	N/A	\$0 Co-pay
Durable Medical Equipment	\$0 Co-pay through Homelink	\$0 Co-pay
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 Home Health	\$20 Co-pay

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Covered Service	Summa+	Network
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
	Out-of-network coverage for emergency admissions only will be covered at the Network benefit level.	
Inpatient Physician Services	\$0 Co-pay	\$0 Co-pay
Lab/X-ray & Other Diagnostic	Lab \$0 Co-pay per visit.	Lab \$25 Co-pay per visit.
	X-Ray & Other Diagnostic \$0 Co-pay per visit.	X-Ray & Other Diagnostic \$55 Co-pay per visit.
	High Tech Imaging \$50 Co-pay per visit	High Tech Imaging \$150 Co-pay per visit
	Summa+ Labs: Summa Facility Labs Quest Diagnostics	
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
	Outpatient Hospital \$150 Co-pay per visit	Outpatient Hospital \$300 Co-pay per visit
Physical/Occupational Therapy	\$10 Co-pay per visit	\$20 Co-pay per visit
	60 visits per calendar year (physical and occupation therapy combined)	
Physician (PCP) Office Visits (Diagnostic)	\$0 Co-pay per visit	\$0 Co-pay per visit
	Includes Mental Health and Substance Abuse Office Visits	
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 and tests and screenings 	

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Covered Service	Summa+	Network
Radiation Therapy	\$0 Co-pay per visit	\$35 Co-pay per visit
Skilled Nursing Facility	N/A 100 days per calendar year	\$0 Co-pay
Specialist Office Visit	\$25 Co-pay per visit	\$35 Co-pay per visit
Speech Therapy	\$10 Co-pay per visit 30 visits per calendar year	\$20 Co-pay per visit
Transplants	N/A	Applies to deductible <ul style="list-style-type: none"> Individual \$750 Family \$1,500
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
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 	

Medical Drug Benefit (includes chemotherapy, infusions and injections)		
Covered Service	Summa+	Network
Office	\$0 Co-pay per visit	\$35 Co-pay per visit
Home	\$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
Center/Hospital (if drug is NOT on the home infusion list)	\$0 Co-pay per visit	\$35 Co-pay per visit

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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 Co-pay	\$140 Co-pay	\$420 Co-pay	\$175 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 <u>when prescribed by a health care provider</u> as preventive measures. Examples include: <ul style="list-style-type: none"> • Generic fluoride supplements for children up to the age of 6 years old. • 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. 					

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- Pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to people who are determined to be at high risk of Human immunodeficiency Virus (HIV) acquisition.