

Silver Plan Schedule of Benefits

	Network: NewHealthConnect Summa Health		
Feature/Service	Summa+	Tier 1	Tier 2
Annual Deductible	<ul style="list-style-type: none"> Individual \$1,000 Family \$2,000 	<ul style="list-style-type: none"> Individual \$1,500 Family \$3,000 	<ul style="list-style-type: none"> Individual \$2,000 Family \$4,000
	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 \$4,000 Family \$8,000 	Medical & Pharmacy combined <ul style="list-style-type: none"> Individual \$6,000 Family \$12,000 	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	15% after deductible	20% after deductible	25% after deductible
Allergy Desensitization Treatment	15% after deductible	20% after deductible	25% after deductible
Ambulance	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay
Autism	\$15 Co-pay per visit	\$25 Co-pay per visit	\$40 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	15% after deductible	20% after deductible	25% after deductible
Chiropractic Services	N/A	20% after deductible	25% after deductible
	20 visits per calendar year		
Dialysis	N/A	20% after deductible	25% after deductible
Durable Medical Equipment	15% after deductible through HomeLink		No coverage

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Covered Services	Summa+	Tier 1	Tier 2
Emergency Services	\$250 Co-pay per visit for all emergency service providers; Co-pay waived if admitted to the hospital.		
Home Health Care	15% after deductible	20% after deductible	25% after deductible
Inpatient Hospital & Facility Services (including Maternity stays)	15% after deductible	20% after deductible	25% after deductible
	Out-of-network coverage for emergency admissions only. Admissions will be covered at the Tier 2 benefit level.		
Inpatient Physician Services	15% after deductible	20% after deductible	25% after deductible
Lab/X-Ray & Other Diagnostic	Lab \$15 Co-pay per visit. X-Ray & Other Diagnostic 15% after deductible. High Tech Imaging 15% after deductible Summa + Labs: Summa Facility Labs Quest Diagnostics	Lab \$30 Co-pay per visit. X-Ray & Other Diagnostic 20% after deductible. High Tech Imaging 20% after deductible Tier 1 Labs: Akron Children's Hospital	Lab \$50 Co-pay per visit. X-Ray & Other Diagnostic 25% after deductible. High Tech Imaging 25% after deductible Tier 2 Labs: Cleveland Clinic Mercy Hospital University Hospitals
Observation Stay	100% after Emergency Room Co-pay		
Outpatient Surgery	15% after deductible	20% after deductible	25% after deductible
	Includes Ambulatory Surgery Center and Outpatient Hospital		
Physical/ Occupational Therapy	15% after deductible	20% after deductible	25% after deductible
	60 visits per calendar year (physical and occupational therapy combined)		
Physician (PCP) Office Visits (Diagnostic)	\$15 Co-pay per visit	\$25 Co-pay per visit	\$40 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, tests and screenings 		

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Covered Services	Summa+	Tier 1	Tier 2
Radiation Therapy	15% after deductible	20% after deductible	25% after deductible
Skilled Nursing Facility	N/A	20% after deductible	25% after deductible
	100 days per calendar year		
Specialist Office Visit	\$30 Co-pay per visit	\$40 Co-pay per visit	\$70 Co-pay per visit
Speech Therapy	15% after deductible	20% after deductible	25% after deductible
	30 visits per calendar year		
Transplants	N/A		25% after deductible
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)	\$30 Co-pay per visit	\$40 Co-pay per visit	\$70 Co-pay per visit
Weight Loss Surgery & Treatment	Surgery = \$1,900 Co-pay after deductible 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)			
Network: NewHealthConnect Summa Health			
Covered Services	Summa+	Tier 1	Tier 2
Office	15% after deductible	20% after deductible	25% after deductible
Home	15% after deductible	20% after deductible	25% after deductible
Center/Hospital (if drug is on the home infusion list)	15% after deductible	20% after deductible	25% after deductible
Center/Hospital (if drug is NOT on the home infusion list)	15% after deductible	20% after deductible	25% after deductible

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