

Silver Employee Outside of Ohio Schedule of Benefits

Feature/Service	Summa+	Network
Annual Deductible	- Individual \$1,000 - Family \$2,000	- Individual \$1,500 - Family \$3,000
	Note: Network deductible expenses are applicable toward Summa+ deductible.	
Out-of-Pocket Maximum for the Calendar Year	Medical & Pharmacy combined - Individual \$4,000 - Family \$8,000	Medical & Pharmacy combined - Individual \$6,000 - Family \$12,000
	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	20% after deductible
Allergy Desensitization Treatment	15% after deductible	20% after deductible
Ambulance	\$0 Co-pay	\$0 Co-pay
Autism	\$15 Co-pay per visit	\$25 Co-pay per visit
	Coverage for ages 0-21 includes: - 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
Chiropractic Services	N/A	20% after deductible
	20 visits per calendar year	
Dialysis	N/A	20% after deductible
Durable Medical Equipment	15% after deductible	20% after deductible
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

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Covered Service	Summa+	Network
Inpatient Hospital & Facility Services (including Maternity stays – deductible applies to both mom and baby)	15% after deductible	20% after deductible
	Out-of-network coverage for emergency admissions only will be covered at the Network benefit level.	
Inpatient Physician Services	15% after deductible	20% after deductible
Lab/X-ray & Other Diagnostic	Lab \$15 Co-pay per visit.	Lab \$30 Co-pay per visit.
	X-Ray & Other Diagnostic 15% after deductible.	X-Ray & Other Diagnostic 20% after deductible.
	High Tech Imaging 15% after deductible	High Tech Imaging 20% after deductible
	Summa+ Labs: Summa Facility Labs Quest Diagnostics	
Observation Stay	100% after Emergency Room Co-pay	
Outpatient Surgery	15% after deductible	20% after deductible
	Includes Ambulatory Surgery Center and Outpatient Hospital	
Physical/Occupational Therapy	15% after deductible	20% after deductible
	60 visits per calendar year (physical and occupation therapy combined)	
Physician (PCP) Office Visits (Diagnostic)	\$15 Co-pay per visit	\$20 Co-pay per visit
	Includes Mental Health and Substance Abuse Office Visits	
Preventive Services	\$0 Co-pay Preventive Services include: • 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	
Radiation Therapy	15% after deductible	20% after deductible
Skilled Nursing Facility	N/A	20% after deductible
	100 days per calendar year	

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Covered Service	Summa+	Network
Specialist Office Visit	\$30 Co-pay per visit	\$40 Co-pay per visit
Speech Therapy	15% after deductible	20% after deductible
	30 visits per calendar year	
Transplants	N/A	20% 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
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: • 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	15% after deductible	20% after deductible
Home	15% after deductible	20% after deductible
Center/Hospital (if drug is on the home infusion list)	15% after deductible	20% after deductible
Center/Hospital (if drug is NOT on the home infusion list)	15% after deductible	20% 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
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: • 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.					