

2024

Medicare Advantage enrollment brochure

*Eastern Oregon: Baker, Gilliam, Grant, Harney,
Lake, Malheur, Morrow, Sherman, Umatilla,
Union, Wallowa and Wheeler counties*



SUMMIT
HEALTH

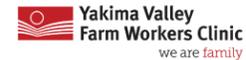
Why choose Summit Health

Care that feels like home

With our Medicare Advantage plans, you'll enjoy choosing from a local network of quality healthcare providers, hospitals and specialists. Your Summit Health Medicare Advantage plan also gives you access to our expert health coaches and caring customer service. We are a dedicated team, here to support you.

Our local partners include:

- Moda Partners, Inc.
- Greater Oregon Behavioral Health, Inc. (GOBHI)
- Good Shepherd Health Care System
- Grande Ronde Hospital, Inc.
- Saint Alphonsus Health System, Inc.
- CHI St. Anthony Hospital
- Eastern Oregon IPA (Independent Physicians Association)
- Yakima Valley Farm Workers Clinic



**Other providers are available in our network*



Get more out of Medicare

Summit Health partners with local doctors and hospitals to bring better health to your community. This way, you see the doctors you already know and trust while we help ensure you get the care you need.

You work hard for others. We're here to work hard for you. Together, we can find a Medicare Advantage plan that works for you.

Our Medicare Advantage plans

Summit Health's Medicare Advantage plans come with and without pharmacy benefits. If you choose a plan with pharmacy coverage, you won't have a copay for vaccines!

Our Medicare Advantage plans include:



No referrals required



\$0 medical deductible



\$0 copay to see your personal doctor



\$0 copay preventive dental services with a total maximum benefit



\$0 copay fitness benefit



\$0 copay routine hearing and vision exams



Over the counter quarterly funds for health and wellness items

Doctors you know and trust, health insurance you can count on.

This information is not a complete description of benefits. Please see the enclosed Summary of Benefits and supplemental benefit flyers for specific benefit information.



Why choose Summit Health

Added benefits

When you choose a Summit Health Medicare Advantage plan, you get more benefits than Original Medicare. These added benefits include gym membership and wellness resources.



Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day. Call for guidance on:

- Basic health conditions and symptoms
- Treatment for minor injuries and burns
- Home cold and flu remedies
- When to visit your doctor



Vision

Get a routine vision exam and eyewear through the VSP Advantage Elements plan, and coverage through VSP's Advantage provider network. All routine vision exams and eyewear claims are administered by VSP. You can learn more about VSP at vsp.com.



Dental

Two no-cost preventive visits through the Delta Dental Medicare Advantage network with a total maximum benefit for all routine preventive and comprehensive dental services.



Text a doctor

Enjoy fast and private access to a dedicated doctor in under a minute — at no cost to you. With the CirrusMD app, all you need is internet access to:

- Connect with a doctor via text, 24/7, without appointments or time limits
- Ask urgent or general health questions
- Message, share photos or video chat
- Get peace of mind any time of the day, even at 2 a.m.
- Continue conversations or follow up as often as you'd like



Hearing

Receive a no-cost routine hearing aid exam and hearing aid coverage through TruHearing. Hearing aids are costly. This benefit makes them much more affordable. You can learn more at truhearing.com.



Over the counter (OTC) coverage

Receive funds quarterly to spend on CMS-approved health and wellness items at participating locations. You'll receive a debit card and can use it to make purchases in store and online.

Why choose Summit Health



Gym membership

Enjoy gym membership and wellness resources from Silver&Fit®. This benefit includes:

- Access to participating fitness centers
- Group classes designed for older adults, where offered without an additional fee
- The option to work out at home with a fitness kit (limit one per year)
- Healthy aging classes that you can take online or by mail
- A fitness tracker

You can learn more at silverandfit.com.



Alternative care

Enjoy chiropractic, acupuncture, and naturopathic services included in your plan at no extra premium.



Pharmacy 90-day supply

Lower your risk of running out of needed prescriptions when you fill a 90-day prescription supply at an in-network pharmacy. This will save you money compared to filling a one or two-month supply.

For an added convenience, your prescriptions can be mailed to your home through our mail order pharmacy, and you'll save even more!

90-day supply and mail order delivery is available for non-specialty prescriptions, and only on plans that include Part D prescription drug coverage.



Pre-enrollment checklist

Summit Health Medicare Advantage plans

Before making an enrollment decision, it's important that you fully understand our benefits and rules. If you have any questions or need assistance, please call us to speak to a customer service representative at 844-827-2355.

Understanding the benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit YourSummitHealth.com or call 844-827-2355 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they're not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on Jan. 1, 2025.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay/coinsurance for services received by non-contracted providers.

Understanding impact on current coverage

Enrolling in a Medicare Advantage plan can have an impact on other coverage you may currently have. For example:

- If you currently have Original Medicare, enrolling in a Medicare Advantage plan means you will begin receiving your benefits from the Medicare Advantage plan, even though you must maintain your Medicare Parts A and B coverage.
- If you are currently enrolled in a Medicare Advantage plan, enrollment in a new Medicare Advantage plan will automatically terminate your current Medicare Advantage plan.

Other scenarios may occur. Check with your current plan to confirm the impact of enrolling in a Medicare Advantage plan.

How to enroll

Ready to enroll?

Read on to learn how. Remember, we are here to help. Please contact us at 844-931-1782 if you need assistance. Complete the application for the plan you want. Application forms are enclosed and a fillable version of the enrollment form is also available online. You can also enroll online at YourSummitHealth.com

Send your completed and signed application using one of the following options:

1. **Scan and email to:** bemc@yoursummithealth.com
2. **Fax to:** 833-949-1891
3. **Mail to:**
Summit Health Plan, Inc.
Attn: Medicare Membership Accounting
601 SW 2nd Ave
Portland, OR 97204-9748

If you would like help enrolling, call us at 844-931-1782. Our office hours are 8:30 a.m. to 5:00 p.m., Pacific Time, Monday through Friday.

You can also enroll at www.yoursummithealth.com. Please keep a copy of your application for your records.

What happens after you enroll?

1. You will receive a letter in the mail acknowledging that you are enrolled in our plan.
2. You will receive your member ID card and a Welcome Packet.
3. You can expect to receive a Welcome Call from Summit Health to ensure you received and understand your plan information and benefits.
4. We encourage you to create an account on your personalized Member Dashboard where you will have access to your claims, additional benefits and discounts for being a member of Summit Health.

Tools for your health journey

All our plans come with programs, care teams, tools and resources designed to help you manage your well-being. Using your personal Member Dashboard, you can find dentists or pharmacies, get medical advice from health professionals, work with health coaches, compare medication prices, view your explanation of benefits and more.

Once you are an active member, use these care resources to help you get well sooner and stay well longer. Simply log in to our Member Dashboard at yoursummithealth.com/memberdashboard to get started.



Prescription price check

This tool makes it easy to view prescription medication costs and how much you would pay by medication tier at an in-network pharmacy.



Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best.



Care coordination and case management

When you're sick, need hospitalization or surgery, or are seriously injured, we'll give you support — so you can focus on healing.

We can help you:

- Understand and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



Healthcare Cost Estimator

The Healthcare Cost Estimator offers you a simple way to understand:

- Estimated procedure costs
- Cost comparisons across providers
- Your specific out-of-pocket costs

Use this tool to shop for cost effective alternatives and make better, well-informed decisions.



Form Approved
OMB# 0938-1421

Form Approved
OMB# 0938-1421

Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 844-827-2355. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 844-827-2355. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 844-827-2355。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 844-827-2355。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa ating planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 844-827-2355. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 844-827-2355. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 844-827-2355 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 844-827-2355. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 844-827-2355 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 844-827-2355. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات للمترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 844-827-2355. سيتقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 844-827-2355 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 844-827-2355. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 844-827-2355. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou la genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 844-827-2355. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza usłnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 844-827-2355. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、844-827-2355にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Questions? We're here to help.

Connect with a local insurance agent at 844-931-1782.
They are available to help you from 8:30 a.m. to 5:00 p.m.,
Pacific Time, Monday through Friday.



Summit Health
601 S.W. Second Ave.
Portland, OR 97204-3154

YourSummitHealth.com



SUMMIT
HEALTH

Summit Health Medicare Advantage Comparison

2024 Summary of Benefits

Medical benefits

| *Prior authorization rules may apply. | Summit Health Core (HMO-POS) H2765-001 | | Summit Health Value + Rx (HMO-POS) H2765-002 | | Summit Health Standard + Rx (HMO-POS) H2765-003 | | Summit Health Premier + Rx (HMO-POS) H2765-004 | |
|--|---|----------------|--|--|---|---|--|---|
| | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network |
| Premiums and benefits | | | | | | | | |
| Monthly premium <i>(Includes both medical and drugs. You must continue to pay your Medicare Part B premium.)</i> | \$0 <i>This plan does not cover Part D prescription drugs.</i> | | \$0 | | \$80 | | \$170 | |
| Medical deductible <i>(No deductible for medical. See outpatient prescription drugs section for Part D deductible.)</i> | \$0 | | \$0 | | \$0 | | \$0 | |
| Maximum out-of-pocket responsibility <i>(Does not include Part D prescription drugs)</i> | \$5,990 Combined in and out of network | | \$6,475 | \$10,990 Includes in-network services | \$5,880 | \$8,990 Includes in-network services | \$4,850 | \$7,990 Includes in-network services |
| Inpatient hospital coverage* <i>(Copay per day 1-5, you pay nothing per day for days 6 and beyond.)</i> | \$385 copay per day for days 1-5 | 30% | \$385 copay per day for days 1-5 | 50% | \$350 copay per day for days 1-5 | 50% | \$325 copay per day for days 1-5 | 30% |
| Outpatient hospital coverage* <i>(Includes Observation services.)</i> | \$385 | 30% | \$385 | 50% | \$350 | \$350 | \$325 | \$325 |
| Ambulatory surgical center (ASC) services* | \$385 | 30% | \$385 | 50% | \$350 | 50% | \$325 | 30% |
| Doctor visits | | | | | | | | |
| Primary care provider (PCP) | \$0 | 30% | \$0 | 50% | \$0 | 50% | \$0 | 30% |
| Specialists | \$35 | 30% | \$40 | 50% | \$35 | 50% | \$35 | 30% |
| Preventive care <i>(e.g., flu vaccine, diabetic screenings. Please note: a separate cost sharing may apply if additional services are provided.)</i> | \$0 | 30% | \$0 | 50% | \$0 | 50% | \$0 | 30% |
| Emergency care | \$120 | | \$100 | | \$110 | | \$110 | |
| Urgently needed services | \$35 | | \$40 | | \$35 | | \$35 | |

Medical benefits (continued)

| *Prior authorization rules may apply. | Summit Health Core (HMO-POS) H2765-001 | | Summit Health Value + Rx (HMO-POS) H2765-002 | | Summit Health Standard + Rx (HMO-POS) H2765-003 | | Summit Health Premier + Rx (HMO-POS) H2765-004 | |
|--|---|---------------------|---|---------------------|--|---------------------|---|---------------------|
| | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network |
| Premiums and benefits | | | | | | | | |
| Diagnostic services/labs/imaging* | | | | | | | | |
| Diagnostic tests and procedures | 20% | 30% | 20% | 50% | 20% | 50% | \$5 | 30% |
| Lab services | \$10 | | \$0 | | \$5 | | \$5 | |
| MRI, CAT Scan | 20% | | 20% | | 20% | | 20% | |
| X-rays | 20% | | 20% | | 20% | | 20% | |
| Ultrasounds | 20% | | 20% | | 20% | | 20% | |
| Hearing services | | | | | | | | |
| Exams to diagnose and treat hearing and balance issues <i>(Medicare-covered)</i> | \$35 | 30% | \$40 | 50% | \$35 | 50% | \$35 | 30% |
| Routine hearing exam for hearing aids | \$0 | Not covered | \$0 | Not covered | \$0 | Not covered | \$0 | Not covered |
| Hearing aids <i>(Copay per each aid)</i> | \$699 - \$999 | Not covered | \$699 - \$999 | Not covered | \$599 - \$899 | Not covered | \$599 - \$899 | Not covered |
| Dental services | | | | | | | | |
| Medically related dental care required to treat illness or injury* <i>(Medicare-covered)</i> | \$35 | 30% | \$40 | 50% | \$35 | 50% | \$35 | 30% |
| Preventive dental | \$0 | 50% up to allowance | \$0 | 50% up to allowance | \$0 | 50% up to allowance | \$0 | 50% up to allowance |
| Comprehensive dental | 20% | | 20% | | 20% | | 20% | |
| Maximum total benefit for all supplemental dental services | \$1,000 allowance | | \$1,250 allowance | | \$1,250 allowance | | \$1,500 allowance | |
| Vision services | | | | | | | | |
| Medical vision services <i>(Medicare-covered)</i> | \$35 | 30% | \$40 | 50% | \$35 | 50% | \$35 | 30% |
| Routine vision services <i>(Annual exam & glasses every 2 years)</i> | \$0 | 50% | \$0 | 50% | \$0 | 50% | \$0 | 50% |

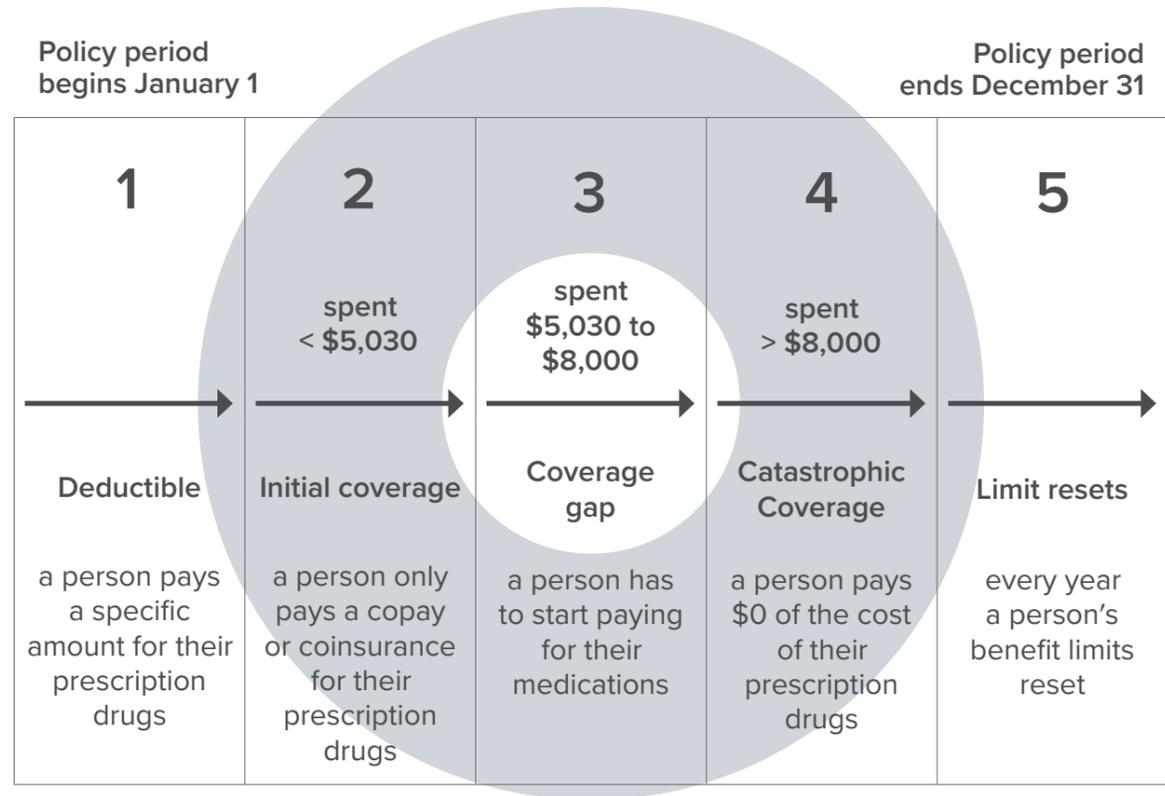
Medical benefits (continued)

| *Prior authorization rules may apply. | Summit Health Core (HMO-POS) H2765-001 | | Summit Health Value + Rx (HMO-POS) H2765-002 | | Summit Health Standard + Rx (HMO-POS) H2765-003 | | Summit Health Premier + Rx (HMO-POS) H2765-004 | |
|--|---|----------------|---|----------------|--|----------------|---|----------------|
| | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network |
| Premiums and benefits | | | | | | | | |
| Mental health services | | | | | | | | |
| Outpatient mental health services (Individual or group therapy visit) | \$35 | 30% | \$40 | 50% | \$35 | 50% | \$35 | 30% |
| Inpatient mental health services* | \$385 copay per day for days 1-5 | 30% | \$385 copay per day for days 1-5 | 50% | \$350 copay per day for days 1-5 | 50% | \$325 copay per day for days 1-5 | 30% |
| Additional services | | | | | | | | |
| Skilled nursing facility (SNF) (Copay per day 21-100) | \$196 | 30% | \$196 | 50% | \$175 | 50% | \$170 | 30% |
| Physical therapy | \$35 | 30% | \$40 | 50% | \$35 | 50% | \$35 | 30% |
| Ambulance* | \$325 | | \$325 | | \$300 | | \$275 | |
| Transportation | Not covered | | Not covered | | Not covered | | Not covered | |
| Medicare Part B Drugs* | 0%-20% | 30% | 0%-20% | 50% | 0%-20% | 50% | 0%-20% | 30% |
| Durable medical equipment (DME)* (e.g. CGM, nebulizers, walkers, etc.) | 20% | 30% | 20% | 50% | 20% | 50% | 20% | 30% |
| Diabetic monitoring supplies* | | | | | | | | |
| Diabetic Supplies | \$0 | 30% | \$0 | 50% | \$0 | 50% | \$0 | 30% |
| Diabetic Shoes/Inserts | 20% | 30% | 20% | 50% | 20% | 50% | 20% | 30% |
| Alternative care services | | | | | | | | |
| Acupuncture for chronic low back pain (Medicare-covered) | | | | | | | | |
| Primary care provider (PCP) | \$0 | | \$0 | | \$0 | | \$0 | |
| Specialists | \$35 | | \$40 | | \$35 | | \$35 | |
| Chiropractic services (Medicare-covered) (For manipulation of the spine to correct a vertebral subluxation) | \$20 | 30% | \$15 | 50% | \$20 | 50% | \$20 | 30% |
| Alternative services (Embedded Supplemental benefit) | | | | | | | | |
| Chiropractic, Acupuncture and Naturopathic services | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% |
| Maximum total benefit for all services | \$500 | \$500 | \$500 | \$500 | \$500 | \$500 | \$500 | \$500 |

Pharmacy benefits

| | Summit Health Core (HMO-POS) H2765-001 | Summit Health Value + Rx (HMO-POS) H2765-002 | Summit Health Standard + Rx (HMO-POS) H2765-003 | Summit Health Premier + Rx (HMO-POS) H2765-004 | | | |
|---|---|--|---|---|--|--|--|
| Outpatient prescription drugs | | | | | | | |
| Prescription drug deductible ⁺⁺ | | \$200 ⁺⁺ (waived on Tier 1, Tier 2, & Tier 7) | \$150 ⁺⁺ (waived on Tier 1, Tier 2, & Tier 7) | \$100 ⁺⁺ (waived on Tier 1, Tier 2, & Tier 7) | | | |
| Initial coverage stage | | Preferred retail/mail order cost sharing 30-day supply | Standard retail cost sharing 90-day supply | Preferred retail/mail order cost sharing 30-day supply | | | |
| Tier 1 (Preferred generic) | | \$0 | \$7 | \$0 | | | |
| Tier 2 (Generic) | | \$7 | \$14 | \$7 | | | |
| Tier 3 (Preferred brand) <i>You won't pay more than \$35 for a one-month supply of each covered insulin product.</i> | | \$40 | \$47 | \$40 | | | |
| Tier 4 (Non-preferred brand) <i>You won't pay more than \$35 for a one-month supply of each covered insulin product.</i> | | \$93 | \$100 | \$93 | | | |
| Tier 5 (Preferred specialty) | | 24% | 24% | N/A | | | |
| Tier 6 (Specialty) | | 29% | 29% | N/A | | | |
| Tier 7 (Vaccine) | | \$0 | \$0 | N/A | | | |
| Coverage gap | | You stay in the Initial Coverage Stage until your total drug costs for the year reach \$5,030. Then you enter the Coverage Gap stage and you pay 25% of the cost (and a portion of the dispensing fee) Once you pay \$8,000, you leave the Coverage Gap Stage and move to the Catastrophic Coverage Stage. | | | | | |
| Catastrophic coverage | | Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. | | | | | |
| Limit resets | | Every year a person's benefit limits are reset | | | | | |

Part D coverage gap (donut hole)



Important Message About What You Pay for Vaccines –
 Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin –
 You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Embedded supplemental benefits

| without additional premium cost | Summit Health Core (HMO-POS) H2765-001 | | Summit Health Value + Rx HMO-POS H2765-002 | | Summit Health Standard + Rx (HMO-POS) H2765-003 | | Summit Health Premier + Rx (HMO-POS) H2765-004 | |
|---|--|----------------|--|----------------|--|----------------|--|----------------|
| | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network |
| Premiums and benefits | | | | | | | | |
| Over the Counter (OTC) from a preferred retailer list | \$30 for each calendar quarter with \$0 carry over to the next quarter allowed | Not covered | \$30 for each calendar quarter with \$0 carry over to the next quarter allowed | Not covered | \$30 for each calendar quarter with \$0 carry over to the next quarter allowed | Not covered | \$30 for each calendar quarter with \$0 carry over to the next quarter allowed | Not covered |
| Additional virtual services 24-hour Nurse Advice Line, 7 days a week, 365 days a year | \$0 | Not covered |
| 24/7 physician visits via text chat/ optional video functionality | \$0 | Not covered |
| Enhanced diabetes management program in partnership with Livongo, for members that meet medical criteria | \$0 | Not covered |
| Chronic Kidney Disease Management in partnership with Strive Health, for members that meet medical criteria | \$0 | Not covered |
| Fitness Benefit with Silver&Fit | \$0 | Not covered |

Value added items and services

These additional services/items are not part of the plan benefit package or the Medicare benefit.

ChooseHealthy discounts

With the ChooseHealthy® program, offered by your Moda Health Medicare Advantage plan, you can save more on wellness products and services including

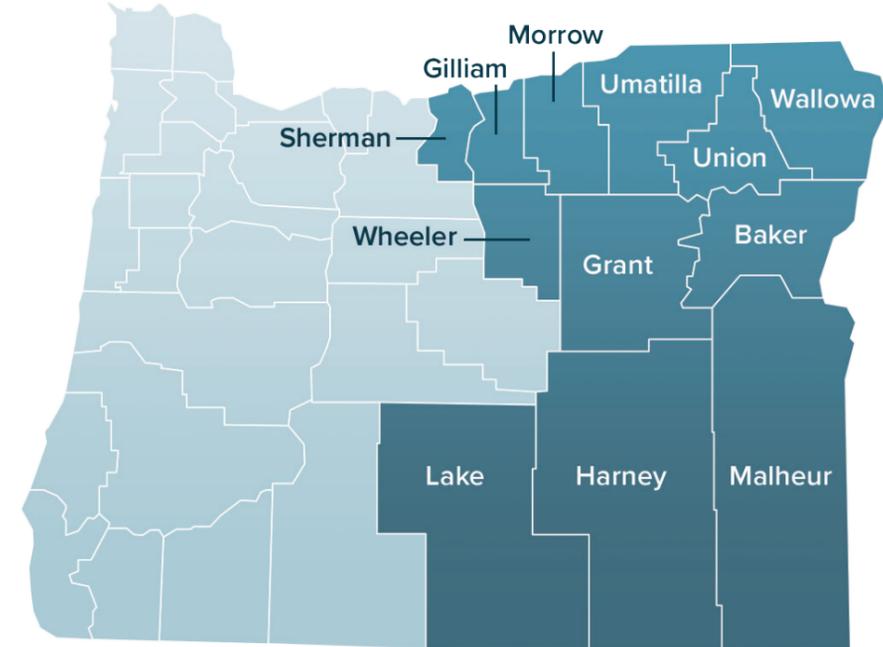
discounts from popular health and fitness brands, services from specialty health care practitioners, and access to evidence-based, online health classes and articles offered at no extra cost.

Service area and eligibility requirements

Summit Health Medicare Advantage plans are HMO plans with a Medicare contract. To join a Summit Health Medicare Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. The Summit Health HMO plan service area includes the following counties in Eastern Oregon: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler.

Out-of-network/non-contracted Medicare providers are under no obligation to treat Summit Health Medicare Advantage members, except in emergency situations.

Please call our Customer Service number (see back cover) or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.





Form Approved
OMB# 0938-1421

Form Approved
OMB# 0938-1421

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 844-827-2355. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 844-827-2355. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 844-827-2355。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 844-827-2355。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 844-827-2355. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 844-827-2355. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 844-827-2355 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmeterservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 844-827-2355. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Form CMS-10802
(Expires 12/31/25)

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 844-827-2355 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 844-827-2355. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 844-827-2355. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 844-827-2355 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 844-827-2355. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 844-827-2355. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 844-827-2355. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 844-827-2355. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、844-827-2355 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Form CMS-10802
(Expires 12/31/25)



YourSummitHealth.com

This information is not a complete description of benefits. Call Customer Service at 844-827-2355 for more information or visit us at yoursummithealth.com.

If you are not a member of this plan, call toll-free 844-931-1782. TTY users, call 711.

Customer Service regular business hours are 7 a.m.– 8 p.m. (Pacific Time), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours.

This document is available in other formats such as large print or Spanish.



Summit Health Medicare Advantage Plans

2024 Enrollment Request Form

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items unless labeled as optional. If an item is labeled optional, you cannot be denied coverage for not filling it out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.

- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form using one of the following options:

1. Scan and email to: bemc@yoursummithealth.com
2. Fax to: 833-949-1891
3. Mail to: Summit Health Plan, Inc.
Attn: Medicare Membership Accounting
601 SW 2nd Ave
Portland, OR 97204-9748

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Summit Health Medicare Advantage at 844-931-1782. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Summit Health Medicare Advantage al 844-931-1782/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.



Summit Health Medicare Advantage Plans

2024 Enrollment Request Form

Summit Health Plan, Inc.
 Attn: Medicare Membership Accounting
 601 SW 2nd Ave | Portland, OR 97204-9748
 844-931-1782
 TTY: 711 | Fax: 833-949-1891
 Email: bemc@yoursummithealth.com

To enroll in a Summit Health Medicare Advantage plan, please provide the following information:

Please check which plan you want to enroll in:

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Summit Health Core (HMO-POS) \$0 per month H2765-001 <i>This plan does not include Part D prescription drug coverage</i> | <input type="checkbox"/> Summit Health Value + Rx (HMO-POS) \$0 per month H2765-002 | <input type="checkbox"/> Summit Health Standard + Rx (HMO-POS) \$80 per month H2765-003 | <input type="checkbox"/> Summit Health Premier + Rx (HMO-POS) \$170 per month H2765-004 |
|---|--|--|--|

| | | | |
|--|--|----------------------------------|---|
| Last name | First name | Middle initial (optional) | |
| Birth date (mm/dd/yyyy) ____ / ____ / _____ | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Phone number* (_____) _____ | Alternate phone number (optional)* (_____) _____ |

**By providing your mobile phone number and any future phone numbers, you consent to receive texts or calls from us, regarding important plan, benefits, and healthcare information. Text messages are not encrypted and can be read by unauthorized persons. Message and data rates may apply. Please refer to our SMS Terms and Conditions on our website at yoursummithealth.com/member/member-support-overview/member-rights/sms-terms-and-conditions for more details.*

| | | | |
|---|-------------------|----------|----------|
| Permanent residence street address (P.O. Box is not allowed) | | | |
| City | County (optional) | State | ZIP code |
| Mailing address (only if different from your permanent residence address) | | | |
| Street address | | | |
| City | State | ZIP code | |
| Email address (optional): | | | |

Please provide your Medicare insurance information

Medicare Number: _____

Hospital Part A effective date (optional): _____

Medical Part B effective date (optional): _____

Prescription Part D effective date (optional): _____

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

How to pay your plan premium (Optional. You can decide now or later.)

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, eBill or “Electronic Funds Transfer” (EFT) each month. You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **Don't** pay Summit Health Plan, Inc. the Part D-IRMAA. If you don't select a payment option now, you will get a bill each month.

Please select a premium payment option:

Get a monthly bill

Electronic funds transfer (EFT) from your bank account each month. Please enclose a **VOIDED** check or provide the following:

Account holder name: _____

Bank routing number: _____

Bank account number: _____

Account type: Checking Savings

eBill, online premium payment

eBill is an online premium payment tool. When you receive your Summit Health member ID number, visit yoursummithealth.com and create your Member Dashboard. Once your Member Dashboard is created, click on the eBill tab to view and pay your monthly premium.

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: Social Security RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. How premium is collected for months prior to the start of withholding depends on when your application is received and the effective date of enrollment. In some cases, Social Security/RRB deducts for those months once withholding begins. It's important to note that this means premium for multiple months may be deducted from a single benefit check. In other cases, you will receive paper bills and be responsible to pay us directly for months prior to the start of withholding. If Social Security or RRB does not approve your request for automatic deduction, we will send you paper bills for your monthly premiums on an ongoing basis.)

Please read and answer these important questions:

1. Some individuals may have other coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State pharmaceutical assistance programs. Will you have other coverage in addition to a Summit Health Medicare Advantage plan?
 Yes No *If "yes," please list your other coverage and your identification (ID) number(s) for this coverage.*
Name of other coverage: _____
Member number for this coverage: _____
Group number for this coverage: _____
Check all that apply:
 Medical Prescription
 Dental Vision
2. Are you enrolled in your State Medicaid program (optional)? Yes No
If "yes," please provide your Medicaid number: _____
3. Do you or your spouse work (optional)? Yes No

Please choose the name of a Primary Care Provider (PCP)*, clinic or health center (optional):

**Please provide both the first and last name of your PCP*

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply. (optional):

- No, not of Hispanic, Latino/a or Spanish origin Yes, Puerto Rican
 Yes, Another Hispanic, Latino/a or Spanish origin Yes, Mexican, Mexican American, Chicano/a
 Yes, Cuban I choose not to answer

What's your race? Select all that apply. (optional):

- American Indian or Alaska Native Chinese Japanese Other Asian Vietnamese
 Asian Indian Filipino Korean Other Pacific Islander White Black or African American
 Guamanian or Chamorro Native Hawaiian Samoan I choose not to answer

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format (optional): LARGE PRINT Spanish Braille Audio CD
Please contact Summit Health Medicare Advantage at 844-931-1782 (TTY users should call 711) if you need information in an accessible format or language other than what is listed above. Our office hours are 8:30 a.m. to 5:00 p.m., Pacific Time, Monday through Friday.

IMPORTANT: Please read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in a Summit Health Medicare Advantage Plan.
- By joining this Medicare Advantage Plan, I acknowledge that Summit Health Medicare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that when my Summit Health Medicare Advantage coverage begins, I must get all of my medical and prescription drug benefits from Summit Health Medicare Advantage. Benefits and services provided by Summit Health Medicare Advantage and contained in my Summit Health Medicare Advantage “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Summit Health Medicare Advantage will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 1. This person is authorized under State law to complete this enrollment, and
 2. Documentation of this authority is available upon request by Medicare.

Signature: _____ Today’s date: ____ / ____ / _____

If you are the authorized representative, sign above and provide the following information:

Name: _____

Address: _____

Phone number: (_____) _____ Relationship to enrollee: _____

Office use only:

Name of staff member/agent/broker (if assisted in enrollment): _____

Plan ID #: _____ Effective Date of Coverage: ____ / ____ / _____

ICEP/IEP: _____ AEP: _____ SEP (type): _____ Not Eligible: _____

If you are an agent contracted with Summit Health Plan, Inc. you must provide the following,

Agency: _____ Date enrollment form received by agent: ____ / ____ / _____

Telephonic enrollment intake by: _____

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



Summit Health Medicare Advantage

Attestation of eligibility for an enrollment period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I am enrolling during the Annual Election Period (AEP), which takes place from October 15 to December 7 of each year.
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) ____ / ____ / ____.
- I recently was released from incarceration. I was released on (insert date) ____ / ____ / ____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) ____ / ____ / ____.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) ____ / ____ / ____.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert effective date of change) ____ / ____ / ____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) ____ / ____ / ____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) ____ / ____ / ____.
- I recently left a PACE program on (insert date) ____ / ____ / ____.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) ____ / ____ / ____.
- I am leaving employer or union coverage on (insert date) ____ / ____ / ____.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare on (insert date) ____ / ____ / ____.
- Medicare is ending its contract with my plan on (insert date) ____ / ____ / ____.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) ____ / ____ / ____.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) ____ / ____ / ____.
- I was affected by an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements applies to you or you're not sure, please contact Summit Health Medicare Advantage at 844-931-1782 (TTY users should call 711) to see if you are eligible to enroll.