

2022 Summit Health Medicare Advantage Plan Information

Thank you for your interest in applying for the Summit Health Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. Summit Health will send out an outbound enrollment verification letter by mail within 15 calendar days from receipt of the enrollment request.

Enrollment Packet – click links below to view the information

[Star Rating](#)

[Application](#)

[Benefits](#)

[Providers](#)

[Formulary](#)

[Pharmacy Locator](#)

Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15th to December 7th. This will give you a January 1st effective date for your new plan.

Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15th and December 7th. ***If they are signed prior to October 15th they will be returned to you with a new application.*** If they are received after December 7th, you will not be able to change plans until the next AEP for January of the following year.

Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

CDA Insurance LLC
PO Box 26540
Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470
Secure File Upload: [Click here](#)
Email: cs@cda-insurance.com

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: <https://medicare-oregon.com/>

Y0062_MULTIPLAN_CDA INSURANCE Oregon 2022 (Pending)

2022

Medicare Advantage enrollment kit

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



SUMMIT
HEALTH

Doctors you
trust, health
plans you
can count on.

Get more out of Medicare

Summit Health has partnered with local doctors and hospitals to bring better health to your community. This way, you get to 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.

Let's explore your Medicare Advantage plan options...

Table of contents

- Medical plan
 - Why choose Summit Health?
 - Plan details
 - Summary of Benefits
 - Medical benefits
 - Part D prescription drug coverage
 - Optional supplemental benefits (Extra Care)
 - Low Income Subsidy
- How to enroll
 - Pre-enrollment assistance
 - Enrollment instructions
- Additional resources
 - Member care resources

feels like home

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

- Saint Alphonsus Health System, Inc.
- CHI St. Anthony Hospital
- Eastern Oregon IPA (Independent Physicians Association)
- Yakima Valley Farm Workers Clinic



GRANDE RONDE
HOSPITAL AND CLINICS



Saint Alphonsus
A Member of Trinity Health



Yakima Valley
Farm Workers Clinic
we are family



Eastern Oregon IPA

able in our network

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:

- \$0 medical deductible
- \$0 copay preventive dental services plus a combined \$500 for other dental services
- \$0 copay routine hearing and vision exams
- \$0 copay fitness benefit

Optional supplemental benefits

Summit Health Medicare Advantage members also have the option to enroll in Extra Care. For an extra \$5 monthly premium, you can have routine chiropractic services, acupuncture and naturopathic services. We will pay 50% of services up to a combined \$500 annual maximum.

Pharmacy mail order

Did you know you can obtain up to a 90-day supply of non-specialty medications at your local pharmacy or through our mail order program? Call Customer Service at 1-844-827-2355 for more information (TTY users, call 711).



Added benefits

When you choose a Summit Health Medicare Advantage plan, you get more benefits. 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. If you have questions, please call VSP toll-free at 844-820-8723.



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



Dental

Two no-cost preventive dental visits through the Delta Dental of Oregon Medicare Advantage Network and up to \$500 of comprehensive dental benefits. (Total \$500 allowance is combined for in and out of network services).



Gym members

Enjoy gym membership, wellness resources and more. This benefit includes:

- Access to a fitness center
- Group classes and personal training where offered
- The option to use a personal trainer with up to two sessions per month (you have 34 sessions per year)
- Healthy Aging program
- A fitness tracker

Your fitness center is located at Silver&Fit for Total. You can learn more about this benefit if you have questions. Call 1-877-427-4788.



Hearing

Receive a no-cost hearing exam and hearing aids through TruHearing. Hearing benefit makes the difference. You can learn more about this benefit at truhearing.com.

Medicare plan s for you

For others, it's important to find a plan that works hard for you. We offer these from:

- MO-POS
- Rx (HMO)
- MO + Rx (HMO-POS)
- MO + Rx (HMO-POS)

Additional services plus a comprehensive dental services plan including dental exams and vision exams.

For more information, see the side by side on the following pages or visit our website. This is a summary of drug and health services. For more information, visit our Health Medicare Advantage plans for 2022.

For more information, visit our Medicare Advantage HMO plan with a comprehensive dental services plan on contract renewal.

For more information, visit our Medicare Advantage HMO plan with a comprehensive dental services plan or exclusion. To get a complete list of services, visit our website or request the "Evidence of Coverage".

For more information, visit our Medicare Advantage plan, you must be entitled to live in Medicare Part B, and live in the following service area includes the following: Gilliam, Grant, Harney, Lake, Malheur, Union, Wallowa, and Wheeler.

For more information, visit our Medicare Advantage plan, you must be entitled to live in our network, and receive services.

For more information, visit our Medicare Advantage plan, you must be entitled to live in our network, and receive services. Original Medicare, look in your handbook. View it online at [www.medicare.gov](#) or by calling 1-800-MEDICARE. For more information, visit our Medicare Advantage plans should call 1-877-486-2048.



	Summit Health Core (HMO-POS) H2765-001	Summit Health Value + Rx (HMO) H2765-002	Summit Health Standard + Rx (HMO-POS) H2765-003	Summit Health Premier + Rx (HMO-POS) H2765-004
	\$22	\$69	\$99	\$140
	\$0	\$0	\$0	\$0
	In-network	In-network	In-network	In-network
	Out-of-network	Out-of-network	Out-of-network	Out-of-network
	\$4,000	\$6,650	\$5,100	\$4,000
	\$4,000	N/A	\$8,000	\$7,750
	30%	Not covered	50%	30%
	\$350	\$370	\$350	\$315
	\$350	\$370	\$350	\$315
	\$350	\$370	\$350	\$315
	\$350	\$370	\$350	\$315
	\$10	\$10	\$10	\$10
	\$35	\$40	\$35	\$35
	\$0	\$0	\$0	\$0
	\$90	\$90	\$90	\$90
	\$35	\$50	\$35	\$35

Summit Health Core (HMO-POS) H2765-001		Summit Health Value + Rx (HMO) H2765-002		Summit Health Standard + Rx (HMO-POS) H2765-003		Summit Health Premier + Rx (HMO-POS) H2765-004	
<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
<i>Imaging (Authorization rules may apply)</i>							
20%	30%	20%	Not covered	20%	50%	20%	30%
\$0	30%	\$0	Not covered	\$5	50%	\$5	30%
20%	30%	20%	Not covered	20%	50%	20%	30%
Prescription Drugs							
\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
\$0	Not covered	\$0	Not covered	\$0	Not covered	\$0	Not covered
\$699 - \$999	Not covered	\$699 - \$999	Not covered	\$699 - \$999	Not covered	\$699 - \$999	Not covered
Medical Services							
\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
\$0 preventive \$500 allowance	\$500 allowance	\$0 preventive \$500 allowance	\$500 allowance	\$0 preventive \$500 allowance	\$500 allowance	\$0 preventive \$500 allowance	\$500 allowance
Other Services							
\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
\$0	50%	\$0	50%	\$0	50%	\$0	50%

	Summit Health Core (HMO-POS) H2765-001		Summit Health Value + Rx (HMO) H2765-002		Summit Health Standard + Rx (HMO-POS) H2765-003		Summit Health Premier + Rx (HMO-POS) H2765-004	
	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
	\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
	\$150	30%	\$170	Not covered	\$165	50%	\$160	30%
	\$35	30%	\$40	Not covered	\$35	50%	\$35	30%
	\$250		\$300		\$300		\$250	
	Not covered		Not covered		Not covered		Not covered	
	20%	30%	20%	Not covered	20%	50%	20%	30%
	20%	30%	20%	Not covered	20%	50%	20%	30%
	\$0-20%	30%	\$0-20%	Not covered	\$0-20%	50%	\$0-20%	30%
rugs								
			\$250 (waived on tiers 1,2, & 7)		\$200 (waived on tiers 1,2, & 7)		\$150 (waived on tiers 1,2, & 7)	
			30-day supply	90-day supply (retail and mail order)	30-day supply	90-day supply (retail and mail order)	30-day supply	90-day supply (retail and mail order)
			\$4	\$12	\$4	\$12	\$4	\$12
			\$10	\$30	\$10	\$30	\$10	\$30
			\$45	\$135	\$45	\$135	\$45	\$135
			\$100	\$300	\$100	\$300	\$100	\$300
			23%	N/A	24%	N/A	25%	N/A
	This plan does not include Part D prescription drug coverage.							

At the start of each stage when you fill your first prescription of the month, you pay the full cost of your drugs until you have paid for your drugs on Tier 1, Tier 2 and Tier 7) for your drugs. Cost varies by drug name when received from network retail, mail-order, or specialty pharmacies as well as if you reside in a long-term care facility. You have a 31-day supply of drugs from an out-of-network pharmacy if you pay more than you pay at a network pharmacy. Cost varies by drug name. If you enter another stage of the Part D benefit.

At the start of each stage, you pay 25% of the cost for generic or brand name drugs. At the catastrophic coverage stage, you pay the greater of 5% of the cost for generic drugs and \$9.85 copay for all other drugs.

At different stages, please access your Evidence of Coverage at summithealth.com or contact Pharmacy Support at 1-844-827-2355, 7 am to 8 pm Pacific Time, seven days a week from Oct. 1 to March 31, with the exception of Christmas Day and Thanksgiving Day. After March 31, your call will be handled by our automated phone system on weekends, Sundays, and holidays.)

Benefits

There is a \$5 premium each month for these benefits.

Summit Health Extra Care	
	\$5 per month
	<p>Our plan pays up to \$500 every year. You pay 50% of the billed cost for these services until the plan maximum of \$500 for all services combined is met, then you pay 100% of the cost</p>

Additional information

This information is not a complete description of benefits. For more information on our Customer Service at 1-844-827-2355 for more information, call 711). Or, visit us at www.yoursummithealth.com.

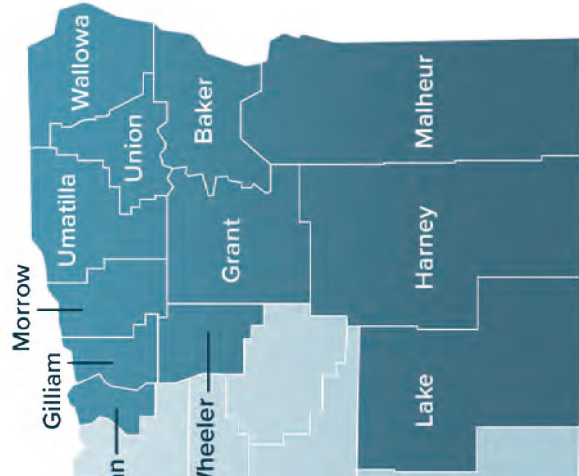
Our Customer Service team is available from 7 a.m. to 8 p.m. Pacific Time, seven days a week from Oct. 1 to March 31, with the exception of Christmas Day and Thanksgiving Day. After March 31, your call will be handled by our automated phone system on weekends, Sundays, and holidays.)



Area and requirements:

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

Selected Medicare providers are under no obligation to treat Advantage members, except in emergency situations. For more information on your Evidence of Coverage for more services, contact your broker or see your Evidence of Coverage for more information on cost sharing that applies to out-of-network services.



How to obtain additional materials

You can search our online provider and pharmacy directory by clicking on the “Find Care” link on our website, yoursummithealth.com. Or, call us and we will send you a copy of the provider and pharmacy directories. To view the drugs covered by Summit Health Medicare Advantage plans, you can find our formulary on our website at yoursummithealth.com. Or call us and we will send you a copy of the formulary.



Subsidy premium

Rx (HMO) Standard + Rx (HMO-POS) +Rx (HMO-POS)

People who get Extra Help from Medicare pay lower out-of-pocket prescription drug costs.

Medicare will help pay for your Medicare prescription drug plan premium. The amount of Extra Help you get will depend on your income and resources. The amount of Extra Help you get will reduce your monthly plan premium as a member of our Plan.

Your monthly plan premium will be if you get Extra Help.

Monthly Premium for Summit Health Standard + Rx (HMO-POS) H2765-002*	Monthly Premium for Summit Health Premier + Rx (HMO-POS) H2765-004*
\$1.50	\$99.50
\$1.60	\$109.60
\$1.80	\$119.80
\$1.90	\$129.90

Medicare Part B premium you may have to pay.

(HMO), Summit Health Standard + Rx (HMO-POS) Standard + Rx (HMO-POS) premiums include services and prescription drug coverage.

Help, you can see if you qualify by calling:

1-800-633-4227, TTY users should call 1-800-633-4227 (Monday through Friday),

or

Summit Health Administration at 1-800-772-1213. TTY users should call 1-800-772-1213 (Monday through Friday).

Summit Health service team at 1-844-827-2355 (TTY users, please call 1-844-827-2355). Service is available from 7 a.m. to 8 p.m., Pacific Time, Monday through Friday, with the exceptions of Thanksgiving Day. After March 31, your call will be answered by phone systems on weekends and holidays.

Pre-enrollment checklist

Summit Health Medicare Advantage plans

Before making an enrollment decision, it's important 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 1-844-827-2355.

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit YourSummitHealth.com or call 1-844-827-2355 to view a copy of the EOC.
- Review the provider directory (or ask your doctor to help you) to ensure the doctors you see now are in the network. If a doctor is 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 medicine is in the network. If the pharmacy is not listed, you will have to select a new pharmacy for your prescriptions.

Understanding important rules

- In addition to your monthly plan premium, you may have to pay your Medicare Part B premium. This premium is not included in your monthly plan premium. This premium is taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on Jan. 1, 2023.
- Generally an HMO plan does not cover services provided by out-of-network providers. For your HMO-POS plan, you may use out-of-network providers to get some covered services. However, while we will pay for some covered services provided by a noncontracted provider, we will not pay for services provided by a noncontracted provider in an emergency or urgent situations, non-contracted providers may be used in certain situations. In addition, you will pay a higher copayment/coinsurance for services received by non-contracted providers.

enroll?

Remember, we are here for you at 1-844-931-1782 if you choose and complete the application you want. Application can also enroll online

Application,

to:

Summit Health, Inc.

Summit Health Partnership Accounting

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Summit Health will work with you to find a broker or agent near you. Visit [yoursummithealth.com](https://www.yoursummithealth.com) for an application for your records.

How to enroll?

Summit Health will mail you a Welcome Call card acknowledging your enrollment in our plan.

Summit Health member ID card and Welcome Call Packet.

Summit Health will receive a Welcome Call from you to ensure you received and understand the information and benefits.

Summit Health will help you create an account on your Summit Health Dashboard where you will find additional benefits and information as a member of Summit Health. You can attend a webinar to understand your health plan and the most out of your 2022 benefits.



your Journey

programs, care teams, tools and resources manage your well-being. Using your personal you can find dentists or pharmacies, get medical professionals, work with health coaches, compare your explanation of benefits and more.

member, use these care resources to y best! Simply log in to our Member nithealth.com to get started.



Prescription price check

See prescription medication costs and how much you would pay by medication tier at an in-network pharmacy.

This tool makes it easy. Simply log in to your Member Dashboard at www.yoursummithealth.com to find medication cost estimates and generic options.



Health coaching

Need a hand with your health?

Our health coaches use evidence-based practices to help you set goals and feel your best.

Our care programs include:

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Kidney Care
- Lifestyle Coaching
- Women's Health & Maternity Care
- Respiratory Care
- Spine & Joint Care
- Weight Care



Care coordination

When you're injured, or so you can fo

We can help y

- Understand all of your
- Navigate t
- Communic
- Arrange c
- by your pr
- Find comm



Quitting tobacco

We cover two tobacco coun within a 12-m counseling at to four face-to

If you use tob signs or symp disease, there copayment, o Medicare cov use cessation

If you use tob diagnosed wi disease or are may be affect will pay the a or outpatient



Laws. We do not discriminate on the basis of race, color, national origin, age, gender identity,

religion, or disability. We will provide reasonable accommodations for individuals with disabilities so that they can communicate with us. We will provide language interpreters and other forms of communication. If you need help filing a complaint, please call Customer Service. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone: U.S. Department of Health and Human Services 200 Independence Ave. SW, Room 509F HHH Building, Washington, DC 20201 800-368-1019, 800-537-7697 (TDD) You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하실려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم الهاتف (النصفي: 711) 1-877-605-3229

بولتے ہیں تو رسانی (URDU) توجہ دیں: اگر آپ اردو - اعلیٰ آفیس کے لیے بلا معاوضہ دستیاب ہے۔ 1-877-605-3229 (TTY: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION: si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با تماس بگیرد. 1-877-605-3229 (TTY: 711)

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzen zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプブライター

1-877-605-3229

ໂປດຊາບ: ຖ້າທ່ານ ຊ່ວຍເຫຼືອດ້ານ ຄ່າ. ໃຫ້ 1-877-605-3229

УВАГА! Якщо для вас доступною мовою 1-877-605-3229

ATENȚIE: Dacă la dispoziție s mod gratuit. 1-877-605-3229

THOV CEEB Hmoob, muaj dawb rau koj 1-877-605-3229

ត្រូវចងចាំ: បើ ត្រូវការសេវាកម្ម គឺមានផ្តល់ជូន ទៅកាន់លេខ 1-877-605-3229

HUBACHIIISA dubbattan ta gargaarsaa is (TTY:711) tiin 1-877-605-3229

โปรดทราบ: สามารถใช้ได้ฟรี โทร 1-877-605-3229

FAAUTAGIA: o loo avanoa totogia. Vala 1-877-605-3229

IPANGAG: Nu ti tulong iti le bayadna. Um 1-877-605-3229

UWAGA: Dla dostępną jest Zadzwoń: 1-877-605-3229

Questions? We're here to help.

Contact a Summit Health agent or call us at 1-844-827-2355 (TTY users, please call 711). Our customer service team is available from 7 a.m. to 8 p.m., Pacific Time, seven days a week from Oct. 1 through March 31, with the exceptions of Christmas Day and Thanksgiving Day. After March 31, your call will be handled by our automated phone systems on weekends and holidays.



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

YourSummitHealth.com