2024 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 Online 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 2024 (Pending)

SUMMIT HEALTH

Summit Health Medicare Advantage Comparison

2024 Summary of Benefits

H2765_1099H276524A_M

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	
Premiums and benefits	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**
Monthly premium *(Includes both medical and drugs. You must continue to pay your Medicare Part B premium.)*	$0 *This plan does not cover Part D prescription drugs.*		$0		$80		$170	
Medical deductible *(No deductible for medical. See outpatient prescription drugs section for Part D deductible.)*	$0		$0		$0		$0	
Maximum out-of-pocket responsibility *(Does not include Part D prescription drugs)*	$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* *(Copay per day 1-5, you pay nothing per day for days 6 and beyond.)*	$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* *(Includes Observation services.)*	$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 *(e.g., flu vaccine, diabetic screenings. Please note: a separate cost sharing may apply if additional services are provided.)*	$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	
Premiums and benefits	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
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 *(Medicare-covered)*	$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 *(Copay per each aid)*	$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* *(Medicare-covered)*	$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 *(Medicare-covered)*	$35	30%	$40	50%	$35	50%	$35	30%
Routine vision services *(Annual exam & glasses every 2 years)*	$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	
Premiums and benefits	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
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++	This plan does not include Part D prescription drug coverage.	$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 30-day supply	Preferred retail/ mail order cost sharing 90-day supply	Standard retail cost sharing 90-day supply	Preferred retail/ mail order cost sharing 30-day supply	Standard retail cost sharing 30-day supply	Preferred retail/ mail order cost sharing 90-day supply	Standard retail cost sharing 90-day supply	Preferred retail/ mail order cost sharing 30-day supply	Standard retail cost sharing 30-day supply	Preferred retail/ mail order cost sharing 90-day supply	Standard retail cost sharing 90-day supply
Tier 1 *(Preferred generic)*		$0	$7	$0	$17.50	$0	$7	$0	$17.50	$0	$7	$0	$17.50
Tier 2 *(Generic)*		$7	$14	$17.50	$35	$7	$14	$17.50	$35	$7	$14	$17.50	$35
Tier 3 *(Preferred brand)* *You won't pay more than $35 for a one-month supply of each covered insulin product.*		$40	$47	$100	$117.50	$40	$47	$100	$117.50	$40	$47	$100	$117.50
Tier 4 *(Non-preferred brand)* *You won't pay more than $35 for a one-month supply of each covered insulin product.*		$93	$100	$232.50	$250	$93	$100	$232.50	$250	$93	$100	$232.50	$250
Tier 5 *(Preferred specialty)*		24%	24%	N/A	N/A	25%	25%	N/A	N/A	26%	26%	N/A	N/A
Tier 6 *(Specialty)*		29%	29%	N/A	N/A	30%	30%	N/A	N/A	31%	31%	N/A	N/A
Tier 7 *(Vaccine)*		$0	$0	N/A	N/A	$0	$0	N/A	N/A	$0	$0	N/A	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)

Policy period begins January 1

Policy period ends December 31

1	2	3	4	5
	spent < $5,030	spent $5,030 to $8,000	spent > $8,000	
Deductible	Initial coverage	Coverage gap	Catastrophic Coverage	Limit resets
a person pays a specific amount for their prescription drugs	a person only pays a copay or coinsurance for their prescription drugs	a person has to start paying for their medications	a person pays $0 of the cost of their prescription drugs	every year a person's benefit limits reset

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	
Premiums and benefits	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
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	$0	Not covered	$0	Not covered	$0	Not covered
24/7 physician visits via text chat/ optional video functionality	$0	Not covered	$0	Not covered	$0	Not covered	$0	Not covered
Enhanced diabetes management program in partnership with Livongo, for members that meet medical criteria	$0	Not covered	$0	Not covered	$0	Not covered	$0	Not covered
Chronic Kidney Disease Management in partnership with Strive Health, for members that meet medical criteria	$0	Not covered	$0	Not covered	$0	Not covered	$0	Not covered
Fitness Benefit with Silver&Fit	$0	Not covered	$0	Not covered	$0	Not covered	$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

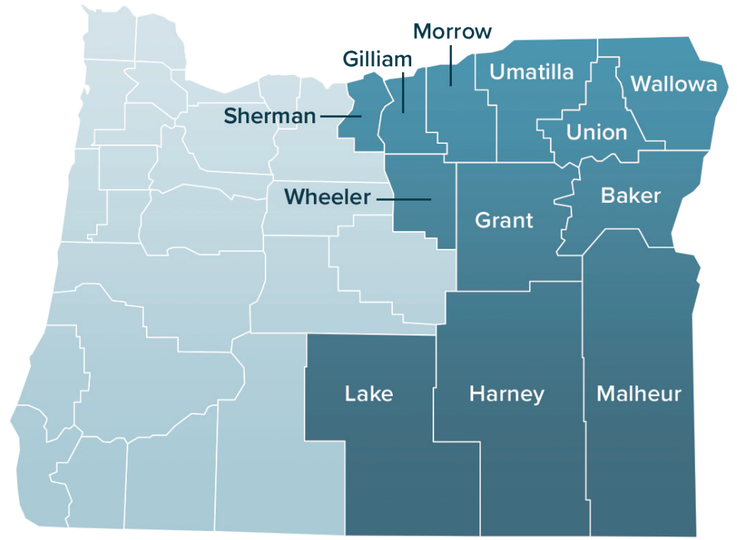
With the ChooseHealthy® program, offered by your Moda Health Medicare Advantage plan, you can save more on wellness products and services including discounts from popular health and fitness brands, services from specialty health care practitioners, and access to evidence-based, online health classes 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

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 quí vị cần thông dịch viên xin gọi 844-827-2355 sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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.

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Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 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に、無料の通訳サービスがありますございます。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)

SUMMIT
HEALTH

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.

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