

2010 Benefits



Medicare Advantage Plans from Summit Health Plan

| Benefits | Summit Ideal (HMO) | Summit Maximum (HMO) | Summit Ideal (HMO) | Summit Ideal (HMO) | Summit Ideal (HMO) | Summit Plus (HMO) | Summit Ideal (HMO) | Summit Plus (HMO) | Summit Ideal One (HMO) | Summit Value (HMO) |
|----------------------------|-------------------------------|----------------------------------|-------------------------------|----------------------------------|----------------------------------|-------------------------------|----------------------------------|-------------------------------|-------------------------------|-------------------------------------|
| Contract Number/PBP Number | H5850-001 | H5850-002 | H5850-003 | H5850-004 | H5850-005 | H5850-006 | H5850-007 | H5850-010 | H5850-012 | H5850-014 |
| Plan Type | HMO | HMO - SNP | HMO | HMO | HMO | HMO | HMO | HMO | HMO | HMO - MA only |
| Premium | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| MOOP | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Medical: | | | | | | | | | | |
| Inpatient-Medical | \$0 | \$0 | \$0 | Days 1-5: \$50 Days 6-90: \$0 | Days 1-5: \$75 Days 6-90: \$0 | \$0 | Days 1-5: \$50 Days 6-90: \$0 | 1-7: \$150 8-90: \$0 | \$0 | Days 1-10: \$100 Days 11-90: \$0 |
| PCP | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Specialist | \$0 | \$0 | \$0 | \$15 | \$20 | \$0 | \$15 | \$0 | \$0 | \$10 |
| Outpatient | \$0 | \$0 | \$100 | \$75 | \$150 | \$0 | \$100 | \$150 | \$0 | \$100 |
| Out of Network | none | none | none | none | none | none | none | none | none | none |
| Rx: | | | | | | | | | | |
| Tier 1 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | Not Covered |
| Tier 2 | \$0 | \$40 | \$15 | \$25 | \$30 | \$0 | \$20 | \$40 | \$0 | Not Covered |
| Tier 3 | \$30 | \$76 | \$30 | \$60 | \$89 | \$50 | \$60 | \$77 | \$30 | Not Covered |
| Tier 4 | 33% | 25% | 33% | 33% | 33% | 33% | 33% | 33% | 33% | Not Covered |
| Gap | Tier 1 Preferred Generics | Tier 1 Preferred Generics | Tier 1 Preferred Generics | Tier 1 Preferred Generics | Not Covered | Tier 1 Preferred Generics | Tier 1 Preferred Generics | Not Covered | Tier 1 Preferred Generics | Not Covered |
| Value Adds: | | | | | | | | | | |
| Dental | Included - Basic Fee Schedule | Included - Enhanced Fee Schedule | Included - Basic Fee Schedule | Included - Basic Fee Schedule | Included - Basic Fee Schedule | Included - Basic Fee Schedule | Included - Basic Fee Schedule | Included - Basic Fee Schedule | Included - Basic Fee Schedule | Included - Basic Fee Schedule |
| Fitness | Included | Included | Included | Included | Included | Included | Included | Included | Included | Included |
| OTC | \$20 per mo | \$43 per mo | \$10 per mo | \$10 per mo | \$10 per mo | \$30 per mo | \$25 per mo | \$10 per mo | \$32 per mo | \$10 per mo |
| Eyewear | \$100 | \$200 | \$100 | \$100 | \$100 | \$100 | \$100 | \$100 | \$200 | \$100 |
| Transportation | 100 one way trips | 100 one way trips | 50 one way trips | Not Covered | Not Covered | 50 one way trips | Not Covered | Not Covered | Unlimited | Not Covered |

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|-----------------|---|---|---|---------------------------|---------------------------|---|---------------------------|--------------------------|---|---------------------------|
| Hearing Aids | Maximum \$1000 limit routine hearing aids every year. (\$500.00) per ear, per year. | Maximum \$1000 limit routine hearing aids every year. (\$500.00) per ear, per year. | Maximum \$1000 limit routine hearing aids every year. (\$500.00) per ear, per year. | Not Covered | Not Covered | Maximum \$1000 limit routine hearing aids every year. (\$500.00) per ear, per year. | Not Covered | Not Covered | Maximum \$1000 limit routine hearing aids every year. (\$500.00) per ear, per year. | Not Covered |
| Meal Plan | Not Covered | Full Meals Benefit (traumatic illness + chronic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |

Availability

Current Service Area

- Miami-Dade, Broward, Palm Beach, Martin, St. Lucie Counties (SFL)

