



SummaCare®

Summa PPO Plan Benefits Overview

Comprehensive health coverage
options, explained clearly

Agenda

- Plan Central
- Medical Network
- Cost Sharing and Financial Responsibilities
- Coverage for Physician and Preventive Services
- Outpatient, Emergency and Inpatient Services
- Additional Services and Special Coverage
- Pharmacy Coverage

Plan Central

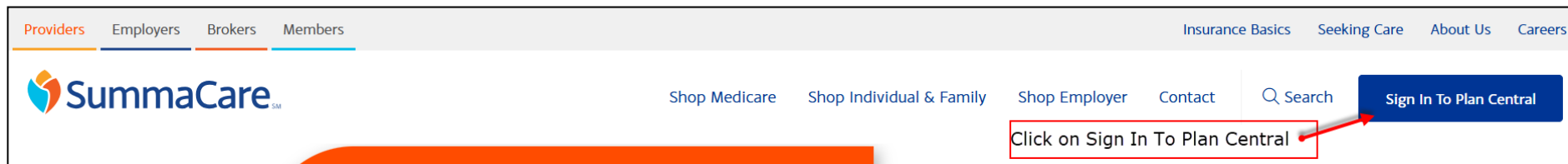
Self-Service Member Portal



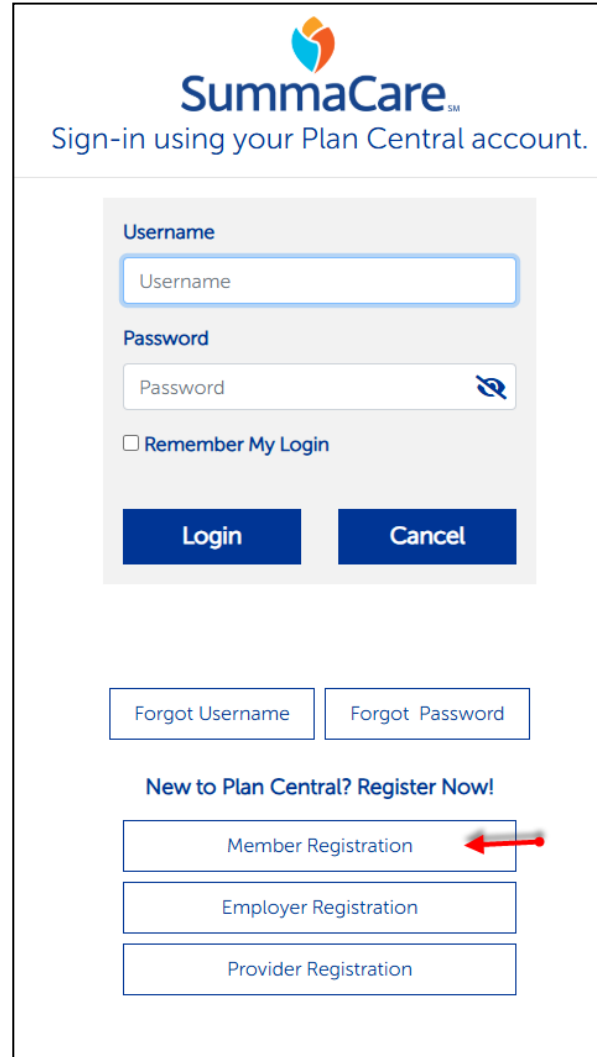
Plan Central Member Portal

- Access to Your Benefits 24/7
- Paperless Explanation of Benefits
- Plan Documents
- Claim Information
- Deductible Information
- Prior Authorization Status

How you access Plan Central from SummaCare.com



Self-Service Member Portal



The screenshot shows the SummaCare self-service member portal sign-in page. At the top, the SummaCare logo is displayed, followed by the text "Sign-in using your Plan Central account." Below this, there is a sign-in form with the following elements:

- Username:** A text input field with the placeholder text "Username".
- Password:** A text input field with the placeholder text "Password" and a toggle icon for password visibility.
- Remember My Login**
- Login** button (dark blue)
- Cancel** button (dark blue)

Below the sign-in form, there are two links: [Forgot Username](#) and [Forgot Password](#).

Underneath these links, the text "New to Plan Central? Register Now!" is displayed. Below this text are three registration buttons:

- [Member Registration](#) (highlighted with a red arrow pointing left)
- [Employer Registration](#)
- [Provider Registration](#)

Self-Service Member Portal

SummaCare Plan Central Dashboard Go To Standard Plan Central Logout

Member Information

Plan Information Active

SUMMA HEALTH SYSTEM

Member Number:

Network: New Health Connect Summa Health

Group Number: G01131

Effective Date: 1/1/2026

End Date: 12/31/9999

Plan Summary **Claims** **Explanation of Benefits (EOB)** **ID Card**

Recent Claims

Date	Claim #	Provider	Status
1/9/2026	260114E11876	AKRON RADIOLOGY	IN PROCESS
1/9/2026	260114E08486	SUMMA HEALTH SYSTEM	FINALIZED/PAID
1/8/2026	260114E10769	DROLSHAGEN, COLIN J	IN PROCESS
12/16/2025	251226E00903	AKRON RADIOLOGY	FINALIZED/PAID

[Explore Claims History](#) [Search Claims](#)

Benefit Balance(s)

Service	Applied / Benefit Limit	Last Service
Chiropractic Visits	0 / 20 Visits Within Last Calendar Year	
Glaucoma Screening	0 / 1 Visit Within Last Calendar Year	
Gynecological Exam	0 / 1 Visit Within Last Calendar Year	

[Explore Benefit Balances](#)

Deductibles

Description	Limit	Applied	Difference
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Resources

[Give Feedback](#)

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Self-Service Member Portal



SummaCare™ Plan Central

HOME MY INFO MY BENEFITS MY CLAIMS MY RESOURCES PAPERLESS LOGOUT

HOME MY INFO MY BENEFITS MY CLAIMS MY RESOURCES PAPERLESS LOGOUT

Home

Plan Central provides convenient, secure access to your health benefits information, including benefit descriptions, claims history and authorization requests.

To learn how to view spouse and dependent information or to share your information with a family member, click on [Manage Access](#) under My Info.

Find your EOBs here: [Explanation of Benefits](#)

Click on a name below to view details for an individual family member, claim history, deductible requirements and balance and benefit descriptions. Click on the contract holders name to view or update COB information.

Member Summary

Member Nbr	Member Name	Relationship	Plan Name
A006		CONTRACT HOLDER	

Additional Resources

- Find a Drug
- EOB Search
- Find a Doctor or Hospital
- Paperless
- My RX Info
- W&MD Health Services
- MyChart®
- Virtual Health

Self-Service Member Portal



English ▼



Good Afternoon,

Browse or search to find the care you need.

Network

NewHealth Connect - S... ▼

City, state or zip

Munroe Falls, OH – 4... ↗

Search for People, Places and Medical Specialties



Common Searches:

Primary Care ▼

Urgent Care Center

Behavioral Health ▼

DME & Medical Supplies

Network

Helpful Links

Other Directory Links

[Find a Pharmacy](#)

[Find Providers Outside our Service Area](#)



Additional Information

[Find Your Drug](#)

[Shop Our Plans](#)

[Contact Us](#)

Inside of Ohio:



Outside of Ohio:



Medical Network

Network

Nationwide Network

- Providers in *SCSelect**
- Providers in Ohio Health Choice (any county outside of *SCSelect**)
- Providers in First Health (any state outside of Ohio)
- Any emergency room for true emergency care

**SCSelect* counties = Ashland, Ashtabula, Carroll, Cuyahoga, Erie, Geauga, Holmes, Huron, Lake, Lorain, Medina, Ottawa, Portage, Mahoning, Sandusky, Stark, Summit, Trumbull, Tuscarawas, Wayne

Network

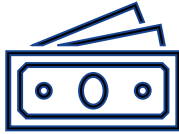
27 Hospitals and Hospital Systems including:

- Akron Children's Hospital
- Aultman Hospital
- Crystal Clinic Orthopedic Center
- MetroHealth
- Summa Health System
- University Hospitals Health System
- Western Reserve Hospital

*Cleveland Clinic Mercy Hospital in Canton is covered, but no other Cleveland Clinic hospitals are included.

Cost Sharing and Financial Responsibilities

Deductibles, Coinsurance and Out-Of-Pocket Maximums



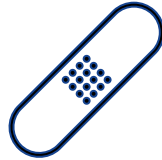
COST COMPONENT	NETWORK (The amount you pay)	NON-NETWORK (The amount you pay)
Deductible (Single/Family)	\$500 / \$1,000	\$6,400 / \$12,800
Coinsurance	10%	40%
Out-of-Pocket Max (Single/Family)	\$7,350 / \$14,700	\$23,800 / \$47,600

Coverage for Physician and Preventive Services

Physician Services

SERVICE	NETWORK COVERAGE (The amount you pay)
PCP Visit	\$10 Copay (includes mental health and substance abuse)
Specialist Visit	\$20 Copay (includes mental health and substance abuse)
Urgent Care	\$30 Copay

Preventive Care



SERVICE	NETWORK COVERAGE
Preventive Physical Exam	Plan pays 100%
Well Child Care	Plan pays 100%
Preventive Labs	Plan pays 100%
Preventive Testing	Plan pays 100%
Preventive Eye Exam	\$20 Copay (1 per year)
Preventive Eye Refraction	100% Covered (1 every other year)

Outpatient, Emergency and Inpatient Services

Diagnostic Care



SERVICE	NETWORK COVERAGE (The amount you pay)
Diagnostic X-Ray	10% after deductible
Diagnostic Testing	10% after deductible
Diagnostic Lab	\$10 Copay – free-standing facility* 10% after deductible – all other locations
Emergency Use of the Emergency Room	\$150 copay, then 100% - copay waived if admitted
Inpatient	10% after deductible

*Free-standing facility is brick and mortar lab versus a lab within a hospital

Additional Services and Special Coverage

Ambulance, Home Health and Specialized Care



SERVICE	NETWORK COVERAGE (The amount you pay)
Ambulance	10% after deductible
Non-Emergency use of an Emergency Room	10% after deductible
Durable Medical Equipment	10% after deductible
Skilled Nursing Facility	10% after deductible

Ambulance, Home Health and Specialized Care



SERVICE	NETWORK COVERAGE (The amount you pay)
Home Healthcare	10% after deductible (40 visits)
Physical/Occupational Therapy	\$10 PCP/\$20 Specialist (25 visits)
Speech Therapy	\$10 PCP/\$20 Specialist (10 visits)
Chiropractic Therapy	\$10 PCP/\$20 Specialist (25 visits)





Pharmacy Coverage

Retail, Mail Order and Specialty Drugs










SERVICE	NETWORK COVERAGE (The amount you pay)
Retail	
Tier 1	\$10 Copay
Tier 2	\$25 Copay
Tier 3	\$50 Copay
Mail Order/MedImpact Choice 90	
Tier 1	\$20 Copay
Tier 2	\$50 Copay
Tier 3	\$100 Copay
Specialty Drugs Must be filled with Acaria	\$50 Copay

Drug Formulary

Icon	Status	Definition
	Tier 1	Preferred Generic Drug
	Tier 2	Generic Drug or Preferred Brand Drug
	Tier 3	Non-Preferred Brand Drug
	Tier 0	Tier 0 (Preventive Drugs)

Drug Formulary

Definition of Restrictions

Icon	Restriction	Definition
	Age Restriction	An age restriction is in place for this medication. You (or your physician) are required to get a prior authorization from SummaCare before you can fill a prescription for this medication. You can click on the AL icon above to see the the age restriction
	Generic Indicator	Indicates Generic Drug
	Prior Authorization	Prior authorization is required for this medication. Please check the prescription rider in your plan documents to determine if this limitation applies to you.
	Prior Authorization - New Starts	Prior authorization is required for this medication for new starts to this medication. Please check the prescription rider in your plan documents to determine if this limitation applies to you.
	Quantity Limit	Quantity Limitations are in place for this medication. Prior authorization is required for increased quantities. Please check the prescription rider in your plan documents to determine if this limitation applies to you. You can click on the QL icon above to see the what the quantity limit is.
	Specialty Pharmacy	This is a specialty drug that is provided by our specialty pharmacy. Some prescription drug riders may cover these drugs at a higher copay level. Refer to your plan documents for more information. Specialty Drugs are limited to a 30 Day Supply.
	Step Therapy	A step therapy protocol is in place for this medication. Claims for this medication will be covered based on the member's previous medication history. Please check the prescription rider in your plan documents to determine if this limitation applies to you.

Questions?

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