



# Peak Advantage Summit (PPO)

## 2025 Summary of Benefits

Join West Virginia's only doctor-built Medicare plan.  
You'll see why your neighbors love it and your doctors  
recommend it.



Services within this summary of benefits with a <sup>1</sup> may require prior authorization from our plan. Services with a <sup>2</sup> may require a referral from your doctor.

Peak Advantage Summit (PPO) (H8947-002-001)	
<b>Monthly Premium, Deductible and Limits</b>	
<b>Premiums</b> How much do I need to pay monthly?	Part C Premium: You pay \$13.60 per month Part D Premium: You pay \$2.40 per month You must continue to pay your Medicare Part B premium
<b>Deductible</b> How much do I need to pay before the plan pays?	This plan does not have a Part C deductible.
<b>Maximum Out-of-Pocket costs</b> What's the limit on how much I will pay for in-network or out-of-network services?	\$6,250 per year for services from in-network providers \$9,550 per year for in and out of network services combined
<b>Hospital</b>	
<b>Inpatient hospital coverage<sub>1</sub></b> How long will my plan cover? How much do I pay?	<b>In-Network:</b> <ul style="list-style-type: none"> <li>\$350 copay per hospital stay of up to 90 days</li> <li>\$800 copay for days 1-60</li> </ul> <b>Out-of-Network:</b> 35% of the total cost
<b>Outpatient hospital coverage<sub>1</sub></b>	<b>In-Network:</b> <ul style="list-style-type: none"> <li>\$250 copay per stay for covered hospital services</li> <li>\$200 per stay for covered observation services</li> </ul> <b>Out-of-Network:</b> 35% of the total cost
<b>Ambulatory surgery center<sub>1</sub></b>	<b>In-Network:</b> \$200 copay per visit <b>Out-of-Network:</b> 35% of the total cost
<b>Doctor Visits and Preventive Care</b>	
<b>Doctor visits</b> Primary care  Specialists <sub>1</sub>	<b>In-Network:</b> \$0 copay for PCP visits <b>Out-of-Network:</b> 35% of the total cost  <b>In-Network:</b> \$20 copay for each specialist visit <b>Out-of-Network:</b> 35% of the total cost
<b>Preventive care</b>	<b>In-Network:</b> You pay \$0 <b>Out-of-Network:</b> 35% of the total cost
<b>Emergency and Urgent Care</b>	

Peak Advantage Summit (PPO) (H8947-002-001)	
<b>Emergency care</b>	You pay \$90 per visit. Your copay is waived if you are admitted to the hospital within 24 hours
<b>Urgently needed services</b>	You pay \$30 per visit
<b>Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs</b>	
<b>Diagnostic services/labs/imaging<sub>1</sub></b>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for diagnostic tests and X-rays at your primary care provider's office. \$20 copay if provided elsewhere</li> <li>• \$0 copay for some diagnostic ultrasound, mammography, and diagnostic bone density imaging</li> <li>• \$200 copay for all other Diagnostic Radiological Services (e.g., CT, MRI)</li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Hearing / Dental / Vision</b>	
<p><b>Hearing services</b> How much do I pay for Hearing Services or Hearing Aids?</p>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered exams to diagnose and treat hearing and balance issues</li> <li>• \$0 copay for routine hearing services</li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost</p> <p><b>Hearing aids:</b></p> <ul style="list-style-type: none"> <li>• \$599 copay for TruHearing advanced, 32-channel models</li> <li>• \$899 copay for TruHearing premium, 48-channel models</li> <li>• You pay 35% of the total cost for other hearing aids</li> </ul> <p>The plan covers 1 hearing aid per ear each year</p>
<b>Dental services</b>	<p>\$0 copay for Medicare-covered dental benefits</p> <p>\$0 copay for routine dental services</p> <p>50% of the total cost for comprehensive dental services</p> <p>The plan covers up to \$3,500 in dental services per year</p>
<b>Vision services</b>	<p>The plan covers up to \$200 for eyeglasses, frames, lenses, or contacts every year in or out of network</p> <p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered vision services</li> <li>• \$0 copay for one routine eye exams</li> </ul>

Peak Advantage Summit (PPO) (H8947-002-001)	
	<ul style="list-style-type: none"> <li>• \$0 copay for:               <ul style="list-style-type: none"> <li>◦ Eyeglasses per year (lenses and frames)</li> <li>◦ Contact lenses</li> </ul> </li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost</p>
Mental Health Services	
<b>Inpatient visits</b>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare covers the first 2 days of your hospital stay</li> <li>• After the Medicare-covered stay, \$400 copay per day for days 1-3</li> <li>• \$0 copay per day for days 4-90</li> <li>• \$800 copay for 60 Lifetime Reserve days</li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Outpatient visits</b>	<p><b>In-Network:</b> \$30 copay for Medicare-covered individual or group therapy services</p> <p><b>Out-of-Network:</b> 35% of the total cost</p>
Skilled Nursing Facility (SNF)	
<b>Skilled Nursing Facility<sub>1</sub> (SNF)</b>	<p><b>In-Network:</b> We cover up to 100 days in a SNF per benefit period</p> <ul style="list-style-type: none"> <li>• \$0 per day for days 1-20</li> <li>• \$214 per day for days 21-100</li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost.</p>
Outpatient Rehabilitation Services	
<b>Physical Therapy<sub>1</sub></b>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• \$10 copay for cardiac (heart) rehab services</li> <li>• \$20 copay for:               <ul style="list-style-type: none"> <li>◦ Occupational therapy</li> <li>◦ Physical therapy</li> <li>◦ Speech and language therapy</li> </ul> </li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost</p>
Medical Transportation	

Peak Advantage Summit (PPO) (H8947-002-001)	
<b>Ambulance<sub>1</sub></b>	<p><b>In-Network:</b> \$250 copay for each one-way trip by ground or air</p> <p><b>Out-of-Network:</b> 35% of the total cost</p> <p><b>Prior authorization required for non-emergency services</b></p>
<b>Transportation<sub>1</sub></b>	<p><b>In-Network:</b> \$0 copay for up to 36 one-way trips per year to plan-approved locations</p> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Medicare Part B Drugs</b>	
<b>Medicare Part B Drugs<sub>1</sub></b>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>Medicare Part B Covered Drugs 20% of the total cost</li> <li>Chemotherapy Drugs 20% of the total cost</li> </ul> <p><b>Out-of-Network:</b></p> <ul style="list-style-type: none"> <li>35% of the total cost</li> </ul> <p>You will not pay more than \$35 for one-month's supply of insulin</p> <p>Some rebatable Part B drugs may be subject to a lower coinsurance.</p> <p>There may be a cost for the administration of a Part B drug in addition to the cost for the drug itself.</p>

**Need to Know:**

The amount you pay for prescriptions may change depending on the pharmacy you choose and Part D benefit stage. For more information, please call us or visit [medicare.peakhealth.org](https://www.medicare.peakhealth.org) to find:

- The Provider & Pharmacy Directories
- The Formulary (list of covered drugs)
- The EOC - a complete list of benefits

## Part D Prescription Drugs

**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.

Peak Advantage Summit (PPO) (002-001)		
<b>Stage 1: Deductible</b>	No deductible (Your coverage begins on the effective date of your enrollment).	
<b>Stage 2: Initial coverage</b> You pay the following costs until your total yearly drug costs reach \$2,000		
Standard Retail	30-day supply	90-day supply
Tier 1: Preferred generic drugs	\$15	\$45
Tier 2: Generic drugs	\$20	\$60
Tier 3: Preferred brand drugs	\$47	\$141
Tier 4: Non-preferred brand drugs	\$100	\$300
Tier 5: Specialty drugs	33%	Retail supply not available for Tier 5
Standard Mail Order	30-day supply	90-day supply
Tier 1: Preferred generic drugs	\$0	\$0
Tier 2: Generic drugs	\$4	\$12
Tier 3: Preferred brand drugs	\$42	\$126
Tier 4: Non-preferred brand drugs	\$95	\$285
Tier 5: Specialty drugs	Mail order supply not available for Tier 5	
Preferred Retail	30-day supply	90-day supply
Tier 1: Preferred generic drugs	\$0	\$0
Tier 2: Generic drugs	\$4	\$12
Tier 3: Preferred brand drugs	\$42	\$126
Tier 4: Non-preferred brand drugs	\$95	\$285
Tier 5: Specialty drugs	33%	Preferred Retail supply not available for Tier 5
<b>Catastrophic Coverage Stage</b>	Once your yearly out-of-pocket drug costs reach \$2,000, you pay \$0	

Services within this summary of benefits with a <sup>1</sup> may require prior authorization from our plan.  
 Services with a <sup>2</sup> may require a referral from your doctor.

Peak Advantage Summit (PPO) (H8947-002-001)	
Additional Benefits	
<b>Acupuncture<sub>1</sub></b>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• 20% of the total cost for Medicare-covered services</li> <li>• \$20 copay per visit for up to 20 routine treatments per year</li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost for up to 20 routine treatments per year</p>
<b>Chiropractic Care<sub>1</sub></b>	<p><b>In-Network:</b></p> <ul style="list-style-type: none"> <li>• \$15 copay per Medicare-covered service</li> <li>• \$20 copay for each routine visit</li> </ul> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Flexible Spending Debit Card</b>	\$335 per year to apply towards approved health-related expenses
<b>Wellness Programs</b>	You pay \$0 for fitness center memberships and classes at participating gyms
<b>Over-the-Counter (OTC)</b> Health and Wellness products	\$120 allowance every quarter for over-the-counter (OTC) health and wellness products, which are available through a mail order catalog service or in a retail setting. Unused allowance may not be carried over from one quarter to the next.
<b>Routine Foot Care<sub>1</sub></b>	<p><b>In-Network:</b> \$20 copay</p> <p><b>Out-of-Network:</b> 35% of the total cost</p>
<b>Worldwide Coverage for Emergency Care</b>	\$95 copay for Emergency care services received outside the U.S.