

2026 Summary of Benefits

Peak Advantage Summit (PPO)

West Virginia:

Berkeley, Hampshire, Hardy, Jefferson, Morgan

H8947.2026.04.0042_C

Premiums and Benefits

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

| Peak Advantage Summit (PPO) (H8947-002-4) | |
|--|--|
| Monthly Premium, Deductible and Limits | |
| Premiums How much do I need to pay monthly? | Part C Premium: You pay \$0 per month Part D Premium: You pay \$16 per month You must continue to pay your Medicare Part B premium |
| Deductible How much do I need to pay before the plan pays? | This plan does not have a Part C deductible. |
| Maximum Out-of-Pocket costs What's the limit on how much I will pay for in-network or out-of-network services? | \$5,700 per year for services from in-network providers \$9,000 per year for in and out of network services combined |
| Hospital | |
| Inpatient hospital coverage₁ How long will my plan cover? How much do I pay? | In-Network: <ul style="list-style-type: none"> • \$375 copay per hospital stay of up to 90 days • \$800 copay for 60 Lifetime Reserve days Out-of-Network: 35% of the total cost |
| Outpatient hospital coverage₁ | In-Network: \$250 copay per stay for covered hospital services Out-of-Network: 35% of the total cost |
| Ambulatory surgery center₁ | In-Network: \$200 copay per visit Out-of-Network: 35% of the total cost |
| Doctor Visits and Preventive Care | |
| Doctor visits Primary care Specialists ₁ | In-Network: \$0 copay for PCP visits Out-of-Network: 35% of the total cost In-Network: \$20 copay for each specialist visit Out-of-Network: \$30 copay |
| Preventive care | In-Network: You pay \$0 Out-of-Network: 35% of the total cost |

Peak Advantage Summit (PPO) (H8947-002-4)

Emergency and Urgent Care

Emergency care

You pay \$90 per visit. Your copay is waived if you are admitted to the hospital within 24 hours

Urgently needed services

You pay \$30 per visit

Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs

Diagnostic services/labs/imaging₁

In-Network:

- \$0 copay for diagnostic tests, lab services, and X-rays at your primary care provider's office. \$20 copay if provided elsewhere
- \$0 copay for some diagnostic ultrasound, mammography, and diagnostic bone density imaging
- \$200 copay for all other Diagnostic Radiological Services (e.g., CT, MRI)

Out-of-Network: 35% of the total cost

Hearing / Dental / Vision

Hearing services

How much do I pay for Hearing Services or Hearing Aids?

In-Network:

- \$20 copay for Medicare-covered exams to diagnose and treat hearing and balance issues
- \$0 copay for routine hearing services

Hearing aids:

- \$399 copay for TruHearing Basic models
- \$599 copay for TruHearing Advanced models
- \$899 copay for TruHearing Premium models
- You pay 35% of the total cost for other hearing aids

The plan covers 1 hearing aid per ear each year

Out-of-Network: 35% of the total cost

Dental services

\$20 copay for Medicare-covered dental benefits

\$0 copay for routine dental services

In or Out-of-Network: 50% of the total cost for comprehensive dental services

The plan covers up to \$3,500 in dental services per year

Peak Advantage Summit (PPO) (H8947-002-4)

Vision services

The plan covers up to \$200 for eyeglasses, frames, lenses, or contacts every year in or out of network

In-Network:

- \$20 copay for Medicare-covered vision services
- \$0 copay for one routine eye exams
- \$0 copay for:
 - Eyeglasses per year (lenses and frames)
 - Contact lenses

Out-of-Network: 35% of the total cost

Mental Health Services

Inpatient visits

In-Network:

- For days 1-3 there will be a \$425 copay per day
- \$0 copay per day for days 4-90
- \$800 copay for 60 Lifetime Reserve days

Out-of-Network: 35% of the total cost

Outpatient visits

In-Network: \$30 copay for Medicare-covered individual or group therapy services

Out-of-Network: 35% of the total cost

Skilled Nursing Facility (SNF)

Skilled Nursing Facility₁ (SNF)

In-Network: We cover up to 100 days in a SNF per benefit period

- \$0 per day for days 1-20
- \$218 per day for days 21-100

Out-of-Network: 35% of the total cost.

Peak Advantage Summit (PPO) (H8947-002-4)

Outpatient Rehabilitation Services

Physical Therapy₁

In-Network:

- \$0 copay for cardiac (heart) rehab services
- \$20 copay for:
 - Occupational therapy
 - Physical therapy
 - Speech and language therapy

Out-of-Network: 35% of the total cost

Medical Transportation

Ambulance₁

In-Network: \$250 copay for each one-way trip by ground or air

Out-of-Network: 35% of the total cost

Prior authorization required for non-emergency services

Transportation₁

In-Network: \$0 copay for up to 36 one-way trips per year to plan-approved locations

Out-of-Network: 35% of the total cost

Medicare Part B Drugs

Medicare Part B Drugs₁

In-Network:

- Medicare Part B Covered Drugs
20% of the total cost
- Chemotherapy Drugs
20% of the total cost

Out-of-Network:

- 35% of the total cost

You will not pay more than \$35 for one-month's supply of insulin.

Some rebatable Part B drugs may be subject to a lower coinsurance.

There may be a cost for the administration of a Part B drug in addition to the cost for the drug itself.

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) (H8947-002-4) | | |
|---|--|--|
| Stage 1: Deductible | No deductible (Your coverage begins on the effective date of your enrollment). | |
| Stage 2: Initial coverage You pay the following costs until your total yearly drug costs reach \$2,100 | | |
| 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 drugs | \$100 | \$300 |
| Tier 5: Specialty drugs | 33% | Retail supply not available for Tier 5 |
| 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 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 drugs | \$95 | \$285 |
| Tier 5: Specialty drugs | 33% | Preferred Retail supply not available for Tier 5 |
| Catastrophic Coverage Stage | Once your yearly out-of-pocket drug costs reach \$2,100, you pay \$0 | |

Additional Benefits

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

| Peak Advantage Summit (PPO) (H8947-002-4) | |
|--|---|
| Additional Benefits | |
| Acupuncture ₁ | <p>In-Network:</p> <ul style="list-style-type: none"> • 20% of the total cost for Medicare-covered services • \$20 copay per visit for up to 20 routine treatments per year <p>Out-of-Network: 35% of the total cost for up to 20 routine treatments per year</p> |
| Chiropractic Care ₁ | <p>In-Network:</p> <ul style="list-style-type: none"> • \$15 copay per Medicare-covered service (Spinal Manipulations) • \$20 copay for each routine visit <p>Out-of-Network: 35% of the total cost</p> |
| Flexible Spending Debit Card | \$375 per year to apply towards approved health-related expenses |
| Wellness Programs | You pay \$0 for fitness center memberships and classes at participating gyms |
| Over-the-Counter (OTC) 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. |
| Routine Foot Care ₁ | <p>In-Network: \$20 copay</p> <p>Out-of-Network: 35% of the total cost</p> |
| Worldwide Coverage for Emergency Care | \$95 copay for Emergency care services received outside the U.S. |

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services representative at 1-855-962-7325.

Understanding the Benefits

- The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit medicare.peakhealth.org or call 1-855-962-7325 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are 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 likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

Verify Your Eligibility

In order to join Peak Advantage Summit (PPO) you must:

- Have both Medicare Part A and B
- Be a U.S. citizen or lawfully present in the country
- Continue to pay your Medicare Part B premium
- Live in the West Virginia counties of Berkeley, Hampshire, Hardy, Jefferson, Morgan.

CONTACT US

We are available for phone calls 10/1 - 3/31: 8 am - 8 pm EST, 7 days a week and 4/1 - 9/30: 8 am - 8 pm EST, Monday - Friday.

You can call us toll-free at **1-855-962-7325**. TTY users should call **711**.

This is a summary of what we cover. It doesn't list every service that we cover or list every limitation or exclusion. For a full list of covered services, check the Evidence of Coverage (EOC) at medicare.peakhealth.org or call us at the number above.

This document may be available in a non-English language. For additional information call us at the number above.

This document is available in other formats such as braille and large print.

Out-of-network/non-contracted providers are under no obligation to treat Peak Advantage Summit (PPO) plan members, except in emergency situations. Please call Member Services or see the Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

To find out more about the coverage and costs of Original Medicare, look in the current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

Peak Advantage Summit (PPO) is a PPO with a Medicare contract. Enrollment in Peak Advantage Summit (PPO) depends on contract renewal. Peak Advantage Summit (PPO) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.