
2025 Summary of Benefits

Sonder Diabetes Wellness (HMO C-SNP)

Sonder Heart Healthy (HMO C-SNP)

Sonder Mind Matters (HMO C-SNP)

Sonder Renal Health (HMO C-SNP)

Sonder Breathe Well (HMO C-SNP)

January 1, 2025 – December 31, 2025



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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information for the five plans listed below is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please refer to the *Evidence of Coverage* at www.sonderhealthplans.com, or call us at 1-888-428-4440, TTY: 711. Coverage is applicable January 1, 2025 to December 31, 2025.

Sonder Diabetes Wellness (HMO C-SNP)					
Sonder Heart Healthy (HMO C-SNP)					
Sonder Breathe Well (HMO C-SNP)					
Counties Covered:					
Appling	Clayton	Glascok	Lincoln	Oglethorpe	Talbot
Baker	Clinch	Greene	Long	Paulding	Taliaferro
Banks	Cobb	Gwinnett	Macon	Peach	Taylor
Barrow	Columbia	Hancock	Madison	Pike	Treutlen
Bibb	Cowetta	Haralson	Marion	Polk	Twiggs
Bleckley	Crawford	Harris	McDuffie	Putnam	Upson
Bryan	Dekalb	Heard	McIntosh	Quitman	Walton
Burke	Dodge	Henry	Meriwether	Randolph	Warren
Butts	Dooly	Jasper	Monroe	Richmond	Washington
Candler	Douglas	Jefferson	Montgomery	Rockdale	Wayne
Chatham	Emanuel	Jenkins	Morgan	Schley	Webster
Chattahoochee	Fayette	Johnson	Muscogee	Screven	Wilcox
Cherokee	Forsyth	Jones	Newton	Spalding	Wilkes
Clarke	Fulton	Lamar	Oconee	Stewart	Wilkinson

Sonder Mind Matters (HMO C-SNP)					
Counties Covered:					
Burke	Dekalb	Hancock	Lincoln	Pike	Taliaferro
Butts	Douglas	Haralson	Marion	Putnam	Taylor
Chattahoochee	Fayette	Harris	McDuffie	Richmond	Upson

Cherokee	Forsyth	Heard	Meriwether	Rockdale	Walton
Clayton	Fulton	Henry	Morgan	Schley	Warren
Cobb	Glascokk	Jasper	Muscogee	Spalding	Washington
Columbia	Greene	Jefferson	Newton	Stewart	Webster
Cowetta	Gwinnett	Lamar	Paulding	Talbot	Wilkes

Sonder Renal Health (HMO C-SNP)

Counties Covered:

Banks	Clayton	Fayette	Heard	Newton	Putnam
Barrow	Cobb	Forsyth	Henry	Oconee	Rockdale
Butts	Cowetta	Fulton	Jasper	Oglethorpe	Spalding
Cherokee	Dekalb	Gwinnett	Madison	Paulding	Walton
Clarke	Douglas	Haralson	Morgan		

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Sonder Health Plan C-SNPs**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what the Sonder Health Plan C-SNPs cover and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.

Hours of Operation & Contact Information

- From October 1 to March 31, we're open 8 a.m. – 8 p.m., 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., Monday through Friday.
- Members and non-members can call us at 1-888-428-4440, TTY: 711.
- Our website: www.sonderhealthplans.com.

Who can join?

To join one of the **Sonder Health Plan C-SNPs**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and have been diagnosed with the following conditions:

- Sonder Diabetes Wellness (HMO C-SNP): Diabetes mellitus
- Sonder Heart Healthy (HMO C-SNP) - Cardiovascular disorders
- Sonder Mind Matters (HMO C-SNP) - Dementia
- Sonder Renal Health (HMO C-SNP) - Requiring dialysis (any mode of dialysis)
- Sonder Breathe Well (HMO C-SNP) - Chronic lung disorders

Which doctors, hospitals, and pharmacies can I use?

Sonder Health Plan C-SNPs have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (<http://www.sonderhealthplans.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.sonderhealthplans.com>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact us.

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SECTION II - SUMMARY OF BENEFITS

PREMIUMS, DEDUCTIBLES, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Out of Pocket Amounts	Sonder Diabetes Wellness (HMO C-SNP)	Sonder Heart Healthy (HMO C-SNP)	Sonder Mind Matters (HMO C-SNP)	Sonder Renal Health (HMO C-SNP)	Sonder Breathe Well (HMO C-SNP)
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	\$0	\$0	\$0	\$0	\$0
Deductible These plans do not have deductibles	\$0	\$0	\$0	\$0	\$0
Maximum Out-of-Pocket Responsibility This includes copays and other costs for medical services for the year. This does not include prescription drugs.	\$3,950	\$3,950	\$3,950	\$3,950	\$3,950

Medical Benefits	Sonder Diabetes Wellness (HMO C-SNP)	Sonder Heart Healthy (HMO C-SNP)	Sonder Mind Matters (HMO C-SNP)	Sonder Renal Health (HMO C-SNP)	Sonder Breathe Well (HMO C-SNP)
Inpatient Hospital Per day for each admission Our plan covers an unlimited number of days for an inpatient hospital stay. May require prior authorization.	Days 1-5: \$350 copay Days 6-90: \$0 copay	Days 1-5: \$350 copay Days 6-90: \$0 copay	Days 1-5: \$350 copay Days 6-90: \$0 copay	Days 1-5: \$350 copay Days 6-90: \$0 copay	Days 1-5: \$350 copay Days 6-90: \$0 copay
Outpatient Hospital Outpatient hospital or Surgery May require prior authorization.	\$280 copay	\$280 copay	\$280 copay	\$280 copay	\$280 copay
Ambulatory Surgical Center May require prior authorization. May require a referral from your doctor.	\$180 copay	\$180 copay	\$180 copay	\$180 copay	\$180 copay
Doctor's Office Visits Primary care physician visit Specialist visit	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay
Preventive Care <i>(e.g., flu vaccine, diabetic screenings)</i> See <i>Evidence of Coverage</i> for full list of Preventive Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency Care Emergency Visit	\$120 copay	\$120 copay	\$120 copay	\$120 copay	\$120 copay

2025 Summary of Benefits – Sonder Health Plan C-SNPs

Medical Benefits	Sonder Diabetes Wellness (HMO C-SNP)	Sonder Heart Healthy (HMO C-SNP)	Sonder Mind Matters (HMO C-SNP)	Sonder Renal Health (HMO C-SNP)	Sonder Breathe Well (HMO C-SNP)
Worldwide Coverage All worldwide urgent / emergency services	\$0 copay, \$10,000 maximum allowable	\$0 copay, \$10,000 maximum allowable	\$0 copay, \$10,000 maximum allowable	\$0 copay, \$10,000 maximum allowable	\$0 copay, \$10,000 maximum allowable
Urgently Needed Services Urgent Visit	\$25 copay per visit	\$25 copay per visit	\$25 copay per visit	\$25 copay per visit.	\$25 copay per visit
Worldwide Coverage All worldwide urgent / emergency services	\$0 copay, \$10,000 maximum allowable combined	\$0 copay, \$10,000 maximum allowable combined	\$0 copay, \$10,000 maximum allowable combined	\$0 copay, \$10,000 maximum allowable combined	\$0 copay, \$10,000 maximum allowable combined
Mental Health Care Outpatient group therapy visit (individual / group)	\$40 / \$40 copay per session	\$40 / \$40 copay per session	\$40 / \$40 copay per session	\$40 / \$40 copay per session	\$40 / \$40 copay per session
Inpatient Mental Health Car per day for each admission	Days 1-5: \$350 copay Days 6-90: \$0 copay	Days 1-5: \$350 copay Days 6-90: \$0 copay	Days 1-5: \$350 copay Days 6-90: \$0 copay	Days 1-5: \$350 copay Days 6-90: \$0 copay	Days 1-5: \$350 copay Days 6-90: \$0 copay
Dialysis	\$0 coinsurance	20% coinsurance	20% coinsurance	\$0 coinsurance	20% coinsurance
Diagnostic Services / Labs/ Imaging Diagnostic tests (office/facility)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Lab Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay

2025 Summary of Benefits – Sonder Health Plan C-SNPs

Medical Benefits	Sonder Diabetes Wellness (HMO C-SNP)	Sonder Heart Healthy (HMO C-SNP)	Sonder Mind Matters (HMO C-SNP)	Sonder Renal Health (HMO C-SNP)	Sonder Breathe Well (HMO C-SNP)
Advanced Services (such as MRI, CT, PET Scan)	\$275 copay	\$275 copay	\$275 copay	\$275 copay	\$275 copay
X-Rays and Diagnostic Radiology (office / facility)	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay
Therapeutic Radiology	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Skilled Nursing Facility Days 1-20 per day / per admission	\$0 copay per day	\$0 copay per day	\$0 copay per day	\$0 copay per day	\$0 copay per day
Days 21-100 per day / per admission	\$184 copay per day	\$184 copay per day	\$184 copay per day	\$184 copay per day	\$184 copay per day
Outpatient Rehabilitation (Physical, Occupational, Speech Language) Per visit	\$40 copay \$40 copay	\$40 copay \$40 copay	\$40 copay \$40 copay	\$40 copay \$40 copay	\$40 copay \$40 copay
Medicare Part B Drugs For Part B drugs such as chemotherapy drugs:	20% coinsurance \$0 for Insulin	20% coinsurance 20% for Insulin	20% coinsurance 20% for Insulin	20% coinsurance 20% for Insulin	20% coinsurance 20% for Insulin
Ambulance Ground, one way Air, one way	\$225 copay \$450 copay	\$225 copay \$450 copay	\$225 copay \$450 copay	\$225 copay \$450 copay	\$225 copay \$450 copay
Home Health Per visit	\$10	\$10	\$10	\$10	\$10

2025 Summary of Benefits – Sonder Health Plan C-SNPs

Medical Benefits	Sonder Diabetes Wellness (HMO C-SNP)	Sonder Heart Healthy (HMO C-SNP)	Sonder Mind Matters (HMO C-SNP)	Sonder Renal Health (HMO C-SNP)	Sonder Breathe Well (HMO C-SNP)
DME (Durable Medical Equipment)					
Covered equipment and supplies	20%	20%	20%	20%	20%
Oxygen	20%	20%	20%	20%	0%

Prescription Drug Benefits	Sonder Diabetes Wellness (HMO C-SNP)	Sonder Heart Healthy (HMO C-SNP)	Sonder Mind Matters (HMO C-SNP)	Sonder Renal Health (HMO C-SNP)	Sonder Breathe Well (HMO C-SNP)
Deductible This plan has no prescription drug deductible	\$0	\$0	\$0	\$0	\$0
Initial Coverage You pay until your out of pocket reaches this amount	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
1 month/3 month/mail order					
Tier 1 (Preferred Generic)	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
Tier 2 (Generic)	\$15/\$45/\$0	\$15/\$45/\$0	\$15/\$45/\$0	\$15/\$45/\$0	\$15/\$45/\$0
<ul style="list-style-type: none"> Insulin 	\$0/\$0/\$0	\$15/\$45/\$0	\$15/\$45/\$0	\$0/\$0/\$0	\$15/\$45/\$0
Tier 3 (Preferred Brand)	\$47/\$141/\$141	\$47/\$141/\$141	\$47/\$141/\$141	\$47/\$141/\$141	\$47/\$141/\$141
<ul style="list-style-type: none"> Insulin 	\$0/\$0/\$0	\$47/\$141/\$141	\$47/\$141/\$141	\$0/\$0/\$0	\$47/\$141/\$141
Tier 4 (Non-Preferred Drug)	\$100/\$300/\$300	\$35/\$70/\$70	\$35/\$70/\$70	\$100/\$300/\$300	\$35/\$70/\$70
<ul style="list-style-type: none"> Insulin 	\$0/\$0/\$0	\$100/\$300/\$300	\$100/\$300/\$300	\$0/\$0/\$0	\$100/\$300/\$300
Tier 5 (Specialty)	33%/33%/33%	33%/33%/33%	33%/33%/33%	33%/33%/33%	33%/33%/33%
Tier 6 (Select Care Drugs)		\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
Please call us or see the plan’s <i>Evidence of Coverage</i> on our website for complete information about costs for covered drugs.					

2025 Summary of Benefits – Sonder Health Plan C-SNPs

Prescription Drug Benefits	Sonder Diabetes Wellness (HMO C-SNP)	Sonder Heart Healthy (HMO C-SNP)	Sonder Mind Matters (HMO C-SNP)	Sonder Renal Health (HMO C-SNP)	Sonder Breathe Well (HMO C-SNP)
Coverage Gap Starting in 2025, there is no longer a coverage gap	N/A	N/A	N/A	N/A	N/A
Catastrophic Amount After your yearly out of pocket drug costs reach \$2,000, you pay nothing	\$0 copay / \$0 coinsurance	\$0 copay / \$0 coinsurance	\$0 copay / \$0 coinsurance	\$0 copay / \$0 coinsurance	\$0 copay / \$0 coinsurance

Additional Supplemental Benefits	Sonder Diabetes Wellness (HMO C-SNP)	Sonder Heart Healthy (HMO C-SNP)	Sonder Mind Matters (HMO C-SNP)	Sonder Renal Health (HMO C-SNP)	Sonder Breathe Well (HMO C-SNP)
Hearing Services Exam to diagnose and treat hearing and balance issues:	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Routine hearing exam (up to 1 visit every year):	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Hearing aids: You have the option to purchase hearing aids from two categories. This is for 1 hearing aid per year.	TruHearing Advanced - \$699 copay TruHearing Premium - \$999 copay	TruHearing Advanced - \$699 copay TruHearing Premium - \$999 copay	TruHearing Advanced - \$699 copay TruHearing Premium - \$999 copay	TruHearing Advanced - \$699 copay TruHearing Premium - \$999 copay	TruHearing Advanced - \$699 copay TruHearing Premium - \$999 copay

Additional Supplemental Benefits	Sonder Diabetes Wellness (HMO C-SNP)	Sonder Heart Healthy (HMO C-SNP)	Sonder Mind Matters (HMO C-SNP)	Sonder Renal Health (HMO C-SNP)	Sonder Breathe Well (HMO C-SNP)
<p>Dental – Comprehensive and Preventive Services Comprehensive and preventive dental services, including:</p> <ul style="list-style-type: none"> • Exams • Prophylaxis • Fluoride • X-rays • Non-routine services • Diagnostic services • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Oral exam (1 visit/6 mos.) • Cleaning (1 visit/ 6 months) • Fluoride treatment (1 visit/ 6 months) • Dental X-rays (1 visit/2 years) 	<p>\$0 copay per service</p> <p>\$2,500 per year allowance for Comprehensive and Preventive combined</p>	<p>\$0 copay per service</p> <p>\$2,500 per year allowance for Comprehensive and Preventive combined</p>	<p>\$0 copay per service</p> <p>\$1,000 per year allowance for Comprehensive and Preventive combined</p>	<p>\$0 copay per service</p> <p>\$2,500 per year allowance for Comprehensive and Preventive combined</p>	<p>\$0 copay per service</p> <p>\$2,500 per year allowance for Comprehensive and Preventive combined</p>
<p>Transportation One-way trips per year for non-emergency transportation to plan approved health related locations.</p>	<p>12 one-way trips</p>	<p>12 one-way trips</p>	<p>12 one-way trips</p>	<p>Unlimited one-way trips</p>	<p>50 one-way trips</p>

Additional Supplemental Benefits	Sonder Diabetes Wellness (HMO C-SNP)	Sonder Heart Healthy (HMO C-SNP)	Sonder Mind Matters (HMO C-SNP)	Sonder Renal Health (HMO C-SNP)	Sonder Breathe Well (HMO C-SNP)
<p>Vision Services Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</p> <p>Routine eye exam (up to 1 visit(s) every year):</p> <p>Contact lenses, Eyeglasses (frames and lenses):</p>	<p>\$30 copay</p> <p>\$0 copay</p> <p>\$200 per year</p>	<p>\$30 copay</p> <p>\$0 copay</p> <p>\$200 per year</p>	<p>\$30 copay</p> <p>\$0 copay</p> <p>\$200 per year</p>	<p>\$30 copay</p> <p>\$0 copay</p> <p>\$200 per year</p>	<p>\$30 copay</p> <p>\$0 copay</p> <p>\$200 per year</p>
<p>Fitness Benefit You receive access to the Silver&Fit Healthy Aging and Exercise program. As part of this program, you have the following options available to you:</p> <ul style="list-style-type: none"> • Fitness center membership at a participating fitness center • Home kit, if unable to visit a fitness center or prefer to exercise at home • Daily virtual workout classes • Digital workout classes 	<p>\$0 copay</p>	<p>\$0 copay</p>	<p>\$0 copay</p>	<p>\$0 copay</p>	<p>\$0 copay</p>

Additional Supplemental Benefits	Sonder Diabetes Wellness (HMO C-SNP)	Sonder Heart Healthy (HMO C-SNP)	Sonder Mind Matters (HMO C-SNP)	Sonder Renal Health (HMO C-SNP)	Sonder Breathe Well (HMO C-SNP)
<p>Personal Emergency Response System You receive one personal emergency response system which includes a base unit and optional wearable device.</p>	\$0	\$0	\$0	\$0	\$0
<p>Over The Counter Items Allowance towards the purchase of OTC items from the approved list</p>	\$150 per quarter	\$150 per quarter	\$200 per quarter	\$200 per quarter	\$200 per quarter
<p>In-Home Support Services Services are provided in 4 hour per day increments and include:</p> <ul style="list-style-type: none"> • Respite Care • Caregiver Training • In-Home Safety Assessment • Medication Reconciliation <p>Support for activities of daily living such as bathing, dressing, grooming, meal preparation and light housekeeping.</p>	\$0 copay 4 hour per day increments up to 104 hours per year	\$0 copay 4 hour per day increments up to 104 hours per year	\$0 copay 4 hour per day increments up to 208 hours per year	\$0 copay 4 hour per day increments up to 208 hours per year.	\$0 copay 4 hour per day increments up to 104 hours per year
<p>Routine Foot Care Up to 6 visits per year</p>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay

2025 Summary of Benefits – Sonder Health Plan C-SNPs

Additional Supplemental Benefits	Sonder Diabetes Wellness (HMO C-SNP)	Sonder Heart Healthy (HMO C-SNP)	Sonder Mind Matters (HMO C-SNP)	Sonder Renal Health (HMO C-SNP)	Sonder Breathe Well (HMO C-SNP)
Routine Chiropractic Services Up to 12 visits per year	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Flexible Spending Card Allowance towards the purchase of additional Dental, Vision or Hearing services	\$500 per year	\$500 per year	\$200 per year	\$500 per year	\$500 per year
Platelet Rich Plasma Up to 6 visits per year	\$0 copay	\$0 copay	\$0 copay	Not covered	\$0 copay

Additional Supplemental Benefits – <i>Must Have Qualifying Condition</i>	Sonder Diabetes Wellness (HMO C-SNP)	Sonder Heart Healthy (HMO C-SNP)	Sonder Mind Matters (HMO C-SNP)	Sonder Renal Health (HMO C-SNP)	Sonder Breathe Well (HMO C-SNP)
<p>SSBCI Benefits (Special Supplemental Benefits for the Chronically Ill) Only for Members Who Have Qualifying Chronic Medical Conditions <i>Eligible Chronic Conditions Include:</i> Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke</p> <p>Benefits do not roll over.</p>					
<p>Flex Card Monthly allowance does not roll over.</p>	<p>\$250 per month for:</p> <ul style="list-style-type: none"> • Gasoline • Home Safety Access / Modifications • Social /Active Club Membership • Internet / Cell Data • Sports License (Hunting / Fishing) • Pet Supplies 	<p>\$250 per month for:</p> <ul style="list-style-type: none"> • Gasoline • Home Safety Access / Modifications • Social /Active Club Membership • Internet / Cell Data • Sports License (Hunting / Fishing) • Pet Supplies 	<p>\$325 per month for:</p> <ul style="list-style-type: none"> • Adult Day Care • Home Safety Access / Modifications • Internet / Cell Data • Pet Supplies 	<p>\$240 per month for:</p> <ul style="list-style-type: none"> • Gasoline • Home Safety Access / Modifications • Social /Active Club Membership • Internet / Cell Data • Pet Supplies 	<p>\$260 per month for:</p> <ul style="list-style-type: none"> • Gasoline • Home Safety Access / Modifications • Social /Active Club Membership • Internet / Cell Data • Pet Supplies
<p>Grocery Card Food and Produce</p>	<p>\$130 per month</p>	<p>\$130 per month</p>	<p>\$100 per month</p>	<p>\$200 per month</p>	<p>\$200 per month</p>
<p>Meals Home delivered meals</p>	<p>10 per month</p>	<p>10 per month</p>	<p>10 per month</p>	<p>10 per month</p>	<p>10 per month</p>

Additional Supplemental Benefits – <i>Must Have Qualifying Condition</i>	Sonder Diabetes Wellness (HMO C-SNP)	Sonder Heart Healthy (HMO C-SNP)	Sonder Mind Matters (HMO C-SNP)	Sonder Renal Health (HMO C-SNP)	Sonder Breathe Well (HMO C-SNP)
Non-Emergency Transportation One way trips	50	50	10	50	50

DISCLAIMERS

This document is available in other alternate formats.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-888-428-4440 (TTY: 711).

ATENCIÓN: Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-888-428-4440 (TTY: 711).

Sonder Health Plans, Inc. is an HMO plan with a Medicare contract. Enrollment in any of the plans described in this Summary of Benefits depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Sonder Health Plans, Inc. members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Member Services number or see your “Evidence of Coverage” for more information, including the cost-sharing that applies to out-of-network services.

Health coverage is offered by Sonder Health Plans, Inc.