

2025

Summary of Benefits

Sonder My Choice Medicare Advantage (HMO)

Sonder Complete Health Advantage (HMO)

Sonder Vitality Matters (HMO)

Sonder Access Plus (PPO)

January 1, 2025 – December 31, 2025



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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information for the four 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.

| <p>Sonder My Choice Medicare Advantage (HMO) Sonder Complete Health Advantage (HMO) Sonder Vitality Matters (HMO) Sonder Access Plus (PPO)</p> | | | | | |
|---|----------|-----------|------------|------------|------------|
| 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 | *Coweta | 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 |

* Coweta Is not in the Service Area for Sonder Access PPO

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 (like one of the **Sonder Health Plans**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what the Sonder Health Plans 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 Plans**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area.

Which doctors, hospitals, and pharmacies can I use?

Sonder Health Plans 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 except with the **Sonder Access Plus (PPO)**. Please see the Out of Network column to see how much you will pay if you use providers and services not in the network.

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 five "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 My Choice Medicare Advantage(HMO) | Sonder Complete Health Advantage (HMO) | Sonder Vitality Matters (HMO) | Sonder Access Plus (PPO) In Network | Sonder Access Plus (PPO) Out of Network |
|--|---|---|--------------------------------------|--|--|
| 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. | \$6,700 | \$2,950 | \$3,950 | \$5,500 | \$10,000 (combined) |

| Medical Benefits | Sonder My Choice Medicare Advantage (HMO) | Sonder Complete Health Advantage (HMO) | Sonder Vitality Matters (HMO) | Sonder Access Plus (PPO) In Network | Sonder Access Plus (PPO) Out of Network |
|--|---|---|---|---|--|
| <p>Inpatient Hospital Per day for each admission Our plan covers an unlimited number of days for an inpatient hospital stay. May require prior authorization.</p> | <p>Days 1-6: \$350 copay Days 7-90: \$0 copay</p> | <p>Days 1-5: \$200 copay Days 6-90: \$0 copay</p> | <p>Days 1-5: \$350 copay Days 6-90: \$0 copay</p> | <p>Days 1-5: \$300 copay Days 6-90: \$0 copay</p> | <p>40% coinsurance</p> |
| <p>Outpatient Hospital Outpatient hospital or Surgery: May require prior authorization.</p> | <p>\$300 copay</p> | <p>\$250 copay</p> | <p>\$280 copay \$0 for orthopedic procedures</p> | <p>\$250 copay</p> | <p>40% coinsurance</p> |
| <p>Ambulatory Surgical Center May require prior authorization. May require a referral from your doctor.</p> | <p>\$150 copay</p> | <p>\$150 copay</p> | <p>\$180 copay \$0 for orthopedic procedures</p> | <p>\$150 copay</p> | <p>20% coinsurance</p> |
| <p>Doctor's Office Visits Primary care physician visit Specialist visit</p> | <p>\$0 copay \$0 copay</p> | <p>\$0 copay \$0 copay</p> | <p>\$0 copay \$0 copay</p> | <p>\$0 copay \$20 copay</p> | <p>40% coinsurance 40% coinsurance</p> |
| <p>Preventive Care <i>(e.g., flu vaccine, diabetic screenings)</i> See <i>Evidence of Coverage</i> for full list of Preventive Services</p> | <p>\$0 copay</p> | <p>\$0 copay</p> | <p>\$0 copay</p> | <p>\$0 copay</p> | <p>\$0 copay</p> |

2025 Summary of Benefits – Sonder Health Plan HMOs and PPO

| Medical Benefits | Sonder My Choice Medicare Advantage (HMO) | Sonder Complete Health Advantage (HMO) | Sonder Vitality Matters (HMO) | Sonder Access Plus (PPO) In Network | Sonder Access Plus (PPO) Out of Network |
|--|--|--|--|--|--|
| Emergency Care Emergency Visit | \$125 copay | \$125 copay | \$125 copay | \$125 copay | \$125 copay |
| 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, \$50,000 maximum allowable | \$0 copay, \$50,000 maximum allowable |
| Urgently Needed Services Urgent Visit | \$30 copay per visit | \$10 copay per visit | \$30 copay per visit | \$10 copay per visit. | \$10 copay per visit |
| Worldwide Coverage All worldwide urgent / emergency services | \$0 copay, \$10,000 maximum allowable combined | \$0 copay, \$50,000 maximum allowable combined | \$0 copay, \$50,000 maximum allowable combined | \$0 copay, \$50,000 maximum allowable combined | \$0 copay, \$50,000 maximum allowable combined |
| Mental Health Care Outpatient group therapy visit (individual / group) | \$40 / \$40 copay per session | \$10 / \$10 copay per session | \$40 / \$40 copay per session | \$10 / \$10 copay | 40% / 40% coinsurance |
| Inpatient Mental Health Car per day for each admission | Days 1-6: \$350 copay Days 7-90: \$0 copay | Days 1-5: \$200 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 | 40% coinsurance |
| Diagnostic Services / Labs/ Imaging Diagnostic tests (office/facility) | \$0/\$150 copay | \$0/\$150 copay | \$0/\$150 copay | \$0/\$100 copay | 40% coinsurance |
| Lab Services | \$0 copay | \$0 copay | \$0 copay | \$0 copay | 40% coinsurance |

2025 Summary of Benefits – Sonder Health Plan HMOs and PPO

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|---|--|---|--|--|--|
| Advanced Services (such as MRI, CT, PET Scan) | \$300 copay | \$300 copay | \$300 copay | 20% coinsurance | 40% coinsurance |
| X-Rays and Diagnostic Radiology (office / facility) | \$0/\$100 copay | \$0/\$100 copay | \$0/\$100 copay | \$0 / \$0 copay | 40% coinsurance |
| Therapeutic Radiology | 20% coinsurance | 20% coinsurance | 20% coinsurance | 20% coinsurance | 40% coinsurance |
| Skilled Nursing Facility Days 1-20 per day / per admission Days 21-100 per day / per admission | \$0 copay per day \$203 copay per day | \$0 copay per day \$184 copay per day | \$0 copay per day \$184 copay per day | \$0 copay per day \$184 copay per day | \$0 copay per day \$184 copay per day |
| Outpatient Rehabilitation (Physical, Occupational, Speech Language) Per visit | \$45 copay | \$10 copay | \$25 copay | \$10 copay | 40% coinsurance |
| Medicare Part B Drugs For Part B drugs such as chemotherapy drugs: | 20% coinsurance | 20% coinsurance | 20% coinsurance | 20% coinsurance | 40% coinsurance |
| Ambulance Ground, one way Air, one way | \$325 copay \$750 copay | \$300 copay \$750 copay | \$225 copay \$750 copay | \$300 copay \$450 copay | \$300 copay \$450 copay |
| Home Health Per visit | \$0 | \$0 | \$10 | \$0 | 40% coinsurance |

2025 Summary of Benefits – Sonder Health Plan HMOs and PPO

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|--|--|---|--------------------------------------|--|--|
| DME (Durable Medical Equipment) Covered equipment and supplies | 20% | 20% | 20% | 20% | 40% coinsurance |
| Oxygen | 20% | 20% | 20% | 20% | 40% coinsurance |

| Prescription Drug Benefits | Sonder My Choice Medicare Advantage (HMO) | Sonder Complete Health Advantage (HMO) | Sonder Vitality Matters (HMO) | Sonder Access Plus (PPO) In Network | Sonder Access Plus (PPO) Out of Network |
|---|--|---|--------------------------------------|--|--|
| 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 | Not covered |
| 1 month/3 month/mail order | | | | | |
| Tier 1 (Preferred Generic) | \$0/\$0/\$0 | \$0/\$0/\$0 | \$0/\$0/\$0 | \$0/\$0/\$0 | |
| Tier 2 (Generic) • Insulin | \$10/\$30/\$0 \$10/\$30/\$0 | \$10/\$30/\$0 \$10/\$30/\$0 | \$10/\$30/\$0 \$10/\$30/\$0 | \$10/\$30/\$0 \$10/\$30/\$0 | |
| Tier 3 (Preferred Brand) • Insulin | \$44/\$132/\$88 \$35/\$70/\$70 | \$44/\$132/\$88 \$35/\$70/\$70 | \$44/\$132/\$88 \$35/\$70/\$70 | \$44/\$132/\$88 \$35/\$70/\$70 | |

2025 Summary of Benefits – Sonder Health Plan HMOs and PPO

| Prescription Drug Benefits | Sonder My Choice Medicare Advantage (HMO) | Sonder Complete Health Advantage (HMO) | Sonder Vitality Matters (HMO) | Sonder Access Plus (PPO) In Network | Sonder Access Plus (PPO) Out of Network |
|---|---|---|---|---|--|
| <p>Tier 4 (Non-Preferred Drug)</p> <ul style="list-style-type: none"> • Insulin <p>Tier 5 (Specialty)</p> <p>Please call us or see the plan’s <i>Evidence of Coverage</i> on our website for complete information about costs for covered drugs.</p> | <p>\$95/\$285/\$285 \$35/\$70/\$70</p> <p>33%/33%/33%</p> | <p>\$95/\$285/\$285 \$35/\$70/\$70</p> <p>33%/33%/33%</p> | <p>\$95/\$285/\$285 \$35/\$70/\$70</p> <p>33%/33%/33%</p> | <p>\$95/\$285/\$285 \$35/\$70/\$70</p> <p>33%/33%/33%</p> | <p>Not covered</p> |
| <p>Coverage Gap Starting in 2025, there is no longer a coverage gap</p> | <p>N/A</p> | <p>N/A</p> | <p>N/A</p> | <p>N/A</p> | <p>N/A</p> |
| <p>Catastrophic Amount After your yearly out of pocket drug costs reach \$2,000, you pay nothing</p> | <p>\$0 copay / \$0 coinsurance</p> | <p>\$0 copay / \$0 coinsurance</p> | <p>\$0 copay / \$0 coinsurance</p> | <p>\$0 copay / \$0 coinsurance</p> | <p>N/A</p> |

| Additional Supplemental Benefits | Sonder My Choice Medicare Advantage (HMO) | Sonder Complete Health Advantage (HMO) | Sonder Vitality Matters (HMO) | Sonder Access Plus (PPO) In Network | Sonder Access Plus (PPO) Out of Network |
|---|--|--|--|--|---|
| <p>Hearing Services*</p> <p>Exam to diagnose and treat hearing and balance issues 1/year</p> <p>Routine hearing exam 1/year</p> <p>Hearing aids: You have the option to purchase hearing aids from two categories. This is for 1 hearing aid per year.</p> | <p>*Additional Hearing Aid coverage can be selected \$40 copay</p> <p>Not covered</p> <p>Not covered</p> | <p>\$40 copay</p> <p>\$0 copay</p> <p>TruHearing Advanced - \$699 copay TruHearing Premium - \$999 copay</p> | <p>\$30 copay</p> <p>\$0 copay</p> <p>TruHearing Advanced - \$699 copay TruHearing Premium - \$999 copay</p> | <p>\$40 copay</p> <p>\$0 copay</p> <p>TruHearing Advanced - \$699 copay TruHearing Premium - \$999 copay</p> | <p>50% coinsurance</p> <p>50% coinsurance</p> <p>50% coinsurance, up to \$2,000</p> |
| <p>Vision Services*</p> <p>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>*Additional Vision can be selected \$40 copay</p> <p>\$0 copay</p> <p>\$40 per year</p> | <p>\$30 copay</p> <p>\$0 copay</p> <p>\$400 per year</p> | <p>\$30 copay</p> <p>\$0 copay</p> <p>\$200 per year</p> | <p>\$40 copay</p> <p>\$0 copay</p> <p>\$400 per year</p> | <p>50% coinsurance</p> <p>50% coinsurance</p> <p>50% coinsurance</p> |

| Additional Supplemental Benefits | Sonder My Choice Medicare Advantage (HMO) | Sonder Complete Health Advantage (HMO) | Sonder Vitality Matters (HMO) | Sonder Access Plus (PPO) In Network | Sonder Access Plus (PPO) Out of Network |
|--|--|---|---|--|--|
| <p>Dental – Comprehensive and Preventive Services* Comprehensive 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 months) • Cleaning (1 visit/ 6 months) • Fluoride (1 visit/ 6 months) • Dental X-rays (1 visit/ 2 years) | <p>*Additional Dental can be selected</p> <p>\$40 copay for Medicare covered services</p> <p>\$0 copay per service</p> | <p>\$3,000 per year allowance for Comprehensive and Preventive combined</p> | <p>\$2,000 per year allowance for Comprehensive and Preventive combined</p> | <p>\$0 copay per service</p> <p>\$2,200 per year allowance for Comprehensive and Preventive combined</p> | <p>50% coinsurance</p> |

| Additional Supplemental Benefits | Sonder My Choice Medicare Advantage (HMO) | Sonder Complete Health Advantage (HMO) | Sonder Vitality Matters (HMO) | Sonder Access Plus (PPO) In Network | Sonder Access Plus (PPO) Out of Network |
|---|---|--|-------------------------------|-------------------------------------|---|
| <p>Transportation One-way trips per year for non-emergency transportation to plan approved health related locations.</p> | 12 one-way trips | 50 one-way trips | 50 one-way trips | 50 one-way trips | Not covered |
| <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 | \$0 copay | \$0 copay | \$0 copay | \$0 copay | Not covered |
| <p>Personal Emergency Response System You receive one personal emergency response system which includes a base unit and optional wearable device.</p> | Not covered | \$0 | Not covered | \$0 | Not covered |

| Additional Supplemental Benefits | Sonder My Choice Medicare Advantage (HMO) | Sonder Complete Health Advantage (HMO) | Sonder Vitality Matters (HMO) | Sonder Access Plus (PPO) In Network | Sonder Access Plus (PPO) Out of Network |
|---|--|---|--------------------------------------|--|--|
| Over The Counter Items Allowance towards the purchase of OTC items from the approved list | \$200 per quarter | \$200 per quarter | \$125 per quarter | \$200 per quarter | Not covered |
| In-Home Support Services Services are provided in 4 hour per day increments and include: <ul style="list-style-type: none"> • Respite Care • Caregiver Training • In-Home Safety Assessment • Medication Reconciliation Support for activities of daily living such as bathing, dressing, grooming, meal preparation and light housekeeping | Not covered | \$0 copay 4 hour per day increments up to 104 hours per year | Not covered | Not covered | Not covered |
| Routine Foot Care Up to 6 visits per year | Not covered | Not covered | \$0 copay | Not covered | Not covered |
| Routine Chiropractic Services Up to 12 visits per year | Not covered | Not covered | \$0 copay | Not covered | Not covered |
| Flexible Spending Card Allowance towards the purchase of additional Dental, Vision or Hearing services | Not covered | Not covered | \$500 per year | \$500 per year | Not covered |

| Additional Supplemental Benefits | Sonder My Choice Medicare Advantage (HMO) | Sonder Complete Health Advantage (HMO) | Sonder Vitality Matters (HMO) | Sonder Access Plus (PPO) In Network | Sonder Access Plus (PPO) Out of Network |
|--|--|---|--|--|--|
| Platelet Rich Plasma Up to 6 visits per year | \$0 copay | \$0 copay | \$0 copay | Not covered | Not covered |
| Member Selects 1 from List 1: <ul style="list-style-type: none"> • Comprehensive Comp Dental • Comprehensive Vision • Hearing Aid Allowance Member Selects 1 from List 2: <ul style="list-style-type: none"> • Routine Acupuncture / 6 visits • Routine Chiropractic / 12 visits | \$4,000 per year \$3,500 per year \$3,000 per year \$0 copay \$0 copay | Not covered Not covered | Not covered Not covered | Not covered Not covered | Not covered Not covered |

| Additional Supplemental Benefits – <i>Must Have Qualifying Condition</i> | Sonder My Choice Medicare Advantage (HMO) | Sonder Complete Health Advantage (HMO) | Sonder Vitality Matters (HMO) | Sonder Access Plus (PPO) In Network | Sonder Access Plus (PPO) Out of Network |
|---|---|---|---|--|--|
| <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>Member Selects one item from the list:</p> <ul style="list-style-type: none"> • \$400 Per Month Grocery Card • \$325 Per Month Gas Card • \$3,500 Medical Reconstructive Procedures • \$3,000 Mobility Device Allowance | <p>\$230 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>\$250 per month for:</p> <ul style="list-style-type: none"> • Gasoline • Home Safety Access / Modifications • Social /Active Club Membership • Internet / Cell Data • Pet Supplies • Personal Grooming Services | <p>\$205 per month for:</p> <ul style="list-style-type: none"> • Gasoline • Home Safety Access / Modifications • Social /Active Club Membership • Internet / Cell Data | <p>Not covered</p> |
| <p>Grocery Card Food and Produce</p> | <p>N/A</p> | <p>\$105 per month</p> | <p>\$90 per month</p> | <p>\$80 per month</p> | <p>Not covered</p> |

| Additional Supplemental Benefits – <i>Must Have Qualifying Condition</i> | Sonder My Choice Medicare Advantage (HMO) | Sonder Complete Health Advantage (HMO) | Sonder Vitality Matters (HMO) | Sonder Access Plus (PPO) In Network | Sonder Access Plus (PPO) Out of Network |
|---|--|---|--------------------------------------|--|--|
| Non-Emergency Transportation One way trips | 12 | Not covered | Not covered | Not covered | Not covered |
| Weight Loss Programs Per month | N/A | N/A | \$40 | N/A | N/A |

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 and PPO plan with Medicare contracts. 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.