
2025

Summary of Benefits

Sonder Harmony & Soul (HMO)

January 1, 2025 – December 31, 2025



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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information for the plan 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 Harmony & Soul (HMO)

Counties Covered:

Cobb DeKalb Fulton Gwinnett

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 **Sonder Harmony & Soul (HMO)**).

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 should 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 **Sonder Harmony & Soul (HMO)**, 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 Harmony & Soul (HMO) has 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 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 Sonder Health Plans, Inc.

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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 Harmony & Soul (HMO)
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	\$0
Deductible These plans do not have deductibles	\$0
Maximum Out-of-Pocket Responsibility This includes copays and other costs for medical services for the year. This does not include prescription drugs.	\$6,800

Medical Benefits	Sonder Harmony & Soul (HMO)
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
Outpatient Hospital Outpatient hospital or Surgery May require prior authorization.	\$350 copay
Ambulatory Surgical Center May require prior authorization. May require a referral from your doctor	\$100 copay
Doctor's Office Visits Primary care physician visit Specialist visit	\$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
Emergency Care Emergency Visit	\$110 copay

Medical Benefits	Sonder Harmony & Soul (HMO)
Worldwide Coverage - All worldwide urgent / emergency services	\$0 copay, \$10,000 maximum allowable
Urgently Needed Services Urgent Visit Worldwide Coverage All worldwide urgent / emergency services	\$30 copay per visit \$0 copay, \$10,000 maximum allowable
Mental Health Care Outpatient group therapy visit (individual / group) Inpatient Mental Health Car per day for each admission:	\$40 / \$40 copay per session Days 1-5: \$350 copay Days 6-90: \$0 copay
Diagnostic Services / Labs/ Imaging Diagnostic tests (office/facility) Lab Services Advanced Services (such as MRI, CT, PET Scan) X-Rays and Diagnostic Radiology (office / facility) Therapeutic Radiology	\$0/\$150 copay \$0 copay \$300 copay \$0/\$100 copay 20% 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
Outpatient Rehabilitation (Physical, Occupational, Speech Language) Per visit	\$25 copay
Medicare Part B Drugs For Part B drugs such as chemotherapy drugs	20% coinsurance
Ambulance Ground, one way Air, one way	\$325 copay \$750 copay
Home Health Per visit	\$0

Medical Benefits	Sonder Harmony & Soul (HMO)
DME (Durable Medical Equipment) Covered equipment and supplies	20%
Oxygen	20%

Prescription Drug Benefits	Sonder Harmony & Soul (HMO)
Deductible This plan has no prescription drug deductible	\$0
Initial Coverage You pay until your out of pocket reaches this amount	\$2,000
1 month/3 month/mail order	
Tier 1 (Preferred Generic)	\$0/\$0/\$0
Tier 2 (Generic) • Insulin	\$10/\$30/\$0 \$10/\$30/\$0
Tier 3 (Preferred Brand) • Insulin	\$44/\$132/\$88 \$35/\$70/\$0
Tier 4 (Non-Preferred Drug) • Insulin	\$95/\$285/\$285 \$35/\$70/\$70
Tier 5 (Specialty)	33%/33%/33%
Please call us or see the plan’s <i>Evidence of Coverage</i> on our website for complete information about costs for covered drugs.	
Coverage Gap Starting in 2025, there is no longer a coverage gap	N/A
Catastrophic Amount After your yearly out of pocket drug costs reach \$2,000, you pay nothing	\$0 copay / \$0 coinsurance

Additional Supplemental Benefits	Sonder Harmony & Soul (HMO)
<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>Dental – Comprehensive and Preventive Services*</p> <p>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 treatment (1 visit/ 6 months) • Dental X-rays (1 visit/ 2 years) 	<p>*Additional Dental can be selected \$40 copay for Medicare covered services</p> <p>\$0 copay per service</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>

Additional Supplemental Benefits	Sonder Harmony & Soul (HMO)
<p>Transportation One-way trips per year for non-emergency transportation to plan approved health related locations.</p>	50 one-way trips
<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
<p>Personal Emergency Response System You receive one personal emergency response system which includes a base unit and optional wearable device.</p>	Not covered
<p>Over The Counter Items Allowance towards the purchase of OTC items from the approved list</p>	\$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>	Not covered
<p>Platelet Rich Plasma Up to 6 visits per year</p>	\$0 copay
<p>Member Selects one from List 1:</p> <ul style="list-style-type: none"> • Comprehensive Dental • Comprehensive Vision • Hearing Aid Allowance <p>Member Selects one from List 2:</p> <ul style="list-style-type: none"> • Routine Acupuncture / 24 visits • Therapeutic Massage / 12 visits 	<p>\$4,000 per year \$4,000 per year \$3,000 per year</p> <p>\$0 copay \$0 copay</p>

**Additional Supplemental Benefits –
Must Have Qualifying Condition**

Sonder Harmony & Soul (HMO)

SSBCI Benefits (Special Supplemental Benefits for the Chronically Ill) Only for Members Who Have Qualifying Chronic Medical Conditions

Eligible Chronic Conditions Include: 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

Benefits do not roll over.

Flex Card

Monthly allowance does not roll over.

Member Selects one item from the list:

- Grocery Card
- Gas Card
- Medical Reconstructive Procedures
- Mobility Device Allowance

Member Selects one item from the list:

- \$400 Per month
- \$325 Per month
- \$3,500 per year
- \$3,000 per year

Social and Active Club Membership

\$100 per month

Non-Emergency Transportation

One way trips

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Herbal Medicine

Herbal supplements can be purchased from a network supplier or through Sonder Health’s OTC supplier. Herbal supplements are used to treat conditions such as inflammation, anxiety, digestive system, and more.

\$500 per 6 months

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.