



Samaritan Advantage Valor (HMO) offered by Samaritan Health Plans

Annual Notice of Changes for 2024

You are currently enrolled as a member of Samaritan Advantage Valor. Next year, there will be changes to the plan's costs and benefits. **Please see page 4 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at samhealthplans.org/Advantage. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
-

What to do now

1. **ASK:** Which changes apply to you?

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices.

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan.

- If you don't join another plan by December 7, 2023, you will stay in our plan.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with our plan.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Customer Service number at **800-832-4580** for additional information. (TTY users should call **800-735-2900**). Hours are 8 a.m. to 8 p.m. daily, October 1 through March 31, and 8 a.m. to 8 p.m. Monday through Friday, from April 1 through September 30. This call is free.
- This document is available in alternate formats (e.g. braille, large print, audio).
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Samaritan Advantage Valor

- Samaritan Advantage Health Plans is an HMO with a Medicare contract. Enrollment in Samaritan Advantage Health Plans depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Samaritan Health Plans. When it says “plan” or “our plan,” it means Samaritan Advantage Valor.

Annual Notice of Changes for 2024

Table of Contents

Summary of Important Costs for 2024	4
SECTION 1 We Are Changing the Plan's Name	5
SECTION 2 Changes to Benefits and Costs for Next Year	5
Section 2.1 – Changes to the Monthly Premium	5
Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount	5
Section 2.3 – Changes to the Provider Network	6
Section 2.4 – Changes to Benefits and Costs for Medical Services	6
SECTION 3 Deciding Which Plan to Choose	10
Section 3.1 – If You Want to Stay in Samaritan Advantage Valor	10
Section 3.2 – If You Want to Change Plans	10
SECTION 4 Deadline for Changing Plans	11
SECTION 5 Programs That Offer Free Counseling about Medicare	11
SECTION 6 Programs That Help Pay for Prescription Drugs	12
SECTION 7 Questions?	13
Section 7.1 – Getting Help from Samaritan Advantage Valor	13
Section 7.2 – Getting Help from Medicare	14

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for our plan in several important areas.

Please note this is only a summary of costs.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium (See Section 2.1 for details.)	\$50	\$5
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$5,200	\$5,200
Doctor office visits	Primary care visits: \$10 per visit Specialist visits: \$20 per visit	Primary care visits: \$10 per visit for Gold Tier providers and \$20 per visit for Silver Tier providers. Specialist visits: \$35 per visit for Gold Tier providers and \$45 per visit for Silver Tier providers.
Inpatient hospital stays	Days 1-5: \$350 per day Days 6-90: \$0 per day	Gold Tier hospitals: Days 1-5: \$375 per day Days 6-90: \$0 per day Silver Tier hospitals: Days 1-5: \$450 per day Days 6-60: \$45 per day Days 61-90: \$0 per day

SECTION 1 We Are Changing the Plan's Name

On January 1, 2024, our plan name will change from Samaritan Advantage Conventional Plan to Samaritan Advantage Valor.

You will receive a new ID card with the new plan name prior to January 1, 2024.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$50	\$5

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$5,200	\$5,200 Once you have paid \$5,200 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

Updated directories are located on our website at samhealthplans.org/Advantage. You may also call Customer Service for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Ambulatory surgery center service	You pay a \$300 copay for a Medicare-covered ambulatory surgery center visit.	You pay a \$325 copay for a Medicare-covered ambulatory surgery center visit at a Gold Tier facility. You pay a \$400 copay for a Medicare-covered ambulatory surgery center visit at a Silver Tier facility.
Cardiac rehabilitation services	You pay a \$0 copay per visit for Medicare-covered cardiac rehabilitation services.	You pay a \$10 copay per visit for Medicare-covered cardiac rehabilitation services.
Dental services	You have a \$750 combined benefit limit for preventive and comprehensive dental services every calendar year.	You have a \$500 combined benefit limit for preventive and comprehensive dental services every calendar year.
Emergency care	You pay a \$90 copay per visit for Medicare-covered emergency care. You pay a \$90 copay per visit for worldwide emergency care.	You pay a \$100 copay per visit for Medicare-covered emergency care. You pay a \$100 copay per visit for worldwide emergency care.
Eye exams	You pay a \$20 copay per visit for Medicare-covered eye exams.	You pay a \$40 copay per visit for Medicare-covered eye exams.

Cost	2023 (this year)	2024 (next year)
Gym membership and fitness programs	You pay a \$0 copay per year for a SamFit fitness center membership.	You pay a \$50 copay per calendar year for the Silver&Fit® fitness center membership. You pay a \$10 copay per calendar year for the Silver&Fit® home fitness kit benefit.
Hearing aids	You have a \$500 limit every calendar year for hearing aids and hearing aid equipment.	Hearing aids are not a covered benefit.
Hearing exams	You pay a \$20 copay for one hearing aid fitting/evaluation per calendar year. You pay a \$25 copay per visit for Medicare-covered hearing exams. You pay a \$20 copay for one routine hearing exam per calendar year.	A hearing aid fitting/evaluation is not a covered benefit. You pay a \$40 copay per visit for Medicare-covered hearing exams. You pay a \$30 copay for one routine hearing exam per calendar year.
Inpatient hospital care	You pay a \$350 copay per day for days 1-5 and a \$0 copay per day for days 6-90 for a Medicare-covered inpatient hospital stay.	You pay a \$375 copay per day for days 1-5 and a \$0 copay per day for days 6-90 for a Medicare-covered inpatient hospital stay at a Gold Tier facility. You pay a \$450 copay per day for days 1-5, a \$45 copay per day for days 6-60, and a \$0 copay per day for days 61-90 for a Medicare-covered inpatient hospital stay at a Silver Tier facility.
Occupational therapy services	You pay a \$20 copay per visit for Medicare-covered occupational therapy services.	You pay a \$30 copay per visit for Medicare-covered occupational therapy services.
Outpatient diagnostic tests and procedures	You pay a \$0 copay for Medicare-covered outpatient diagnostic tests and procedures.	You pay a \$5 copay for Medicare-covered outpatient diagnostic tests and procedures.
Outpatient hospital observation services	You pay a \$90 copay for Medicare-covered observation services.	You pay a \$100 copay for Medicare-covered observation services.

Cost	2023 (this year)	2024 (next year)
Outpatient hospital services	You pay a \$325 copay for Medicare-covered outpatient hospital surgery and services.	<p>You pay a \$375 copay for Medicare-covered outpatient hospital surgery and services at a Gold Tier facility.</p> <p>You pay a \$35 copay for Medicare-covered podiatry services performed in a Gold Tier outpatient hospital setting.</p> <p>You pay a \$475 copay for Medicare-covered outpatient hospital surgery and services at a Silver Tier facility.</p> <p>You pay a \$45 copay for Medicare-covered podiatry services performed in a Silver Tier outpatient hospital setting.</p>
Outpatient laboratory services	You pay a \$0 copay for Medicare-covered outpatient laboratory services.	You pay a \$5 copay for Medicare-covered outpatient laboratory services.
Outpatient mental health care	You pay a \$10 copay per visit for Medicare-covered individual or group therapy sessions.	You pay a \$20 copay per visit for Medicare-covered individual or group therapy sessions.
Over the counter (OTC) benefit	You have a \$100 allowance every quarter for over-the-counter items. Any unused amount does not carry over to the next quarter.	You have a \$75 allowance every quarter for over-the-counter items. Any unused amount does not carry over to the next quarter.
Partial hospitalization services	You pay a \$0 copay per visit for Medicare-covered partial hospitalization services.	You pay a \$50 copay per visit for Medicare-covered partial hospitalization services.
Personal emergency response system	A personal emergency response system is not a covered benefit.	You pay a \$0 copay for a personal emergency response system.
Physical therapy services	You pay a \$20 copay per visit for Medicare-covered physical therapy services.	You pay a \$30 copay per visit for Medicare-covered physical therapy services.
Podiatry services	You pay a \$20 copay per visit for Medicare-covered podiatry services.	You pay a \$35 copay per visit for Medicare-covered podiatry services.

Cost	2023 (this year)	2024 (next year)
Primary care services	You pay a \$10 copay per visit for Medicare-covered primary care doctor office visits.	You pay a \$10 copay per visit for Medicare-covered primary care doctor office visits with a Gold Tier provider. You pay a \$20 copay per visit for Medicare-covered primary care doctor office visits with a Silver Tier provider.
Pulmonary rehabilitation services	You pay a \$0 copay per visit for Medicare-covered pulmonary rehabilitation services.	You pay a \$10 copay per visit for Medicare-covered pulmonary rehabilitation services.
Routine chiropractic services	You pay a \$25 copay per visit for routine chiropractic services.	You pay a \$30 copay per visit for routine chiropractic services.
Skilled nursing facility (SNF)	You pay a \$0 copay per day for days 1-20, a \$165 copay per day for days 21-45, and a \$0 copay per day for days 46-100 for a Medicare-covered SNF stay.	You pay a \$0 copay per day for days 1-20, a \$180 copay per day for days 21-45, and a \$0 copay per day for days 46-100 for a Medicare-covered SNF stay.
Specialist services	You pay a \$20 copay per visit for a specialist doctor office visit.	You pay a \$35 copay per visit for a specialist doctor office visit with a Gold Tier provider. You pay a \$45 copay per visit for a specialist doctor office visit with a Silver Tier provider.
Speech language therapy services	You pay a \$20 copay per visit for Medicare-covered speech language therapy services. Speech language therapy services require prior authorization.	You pay a \$30 copay for Medicare-covered speech language therapy services. Speech language therapy services do not require prior authorization.
Supervised exercise therapy (SET)	You pay a \$0 copay per day for Medicare-covered SET services.	You pay a \$10 copay per day for Medicare-covered SET services.
Urgently needed services	You pay a \$25 copay per visit for Medicare-covered urgently needed services	You pay a \$35 copay per visit for Medicare-covered urgently needed services.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If You Want to Stay in Samaritan Advantage Valor

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our plan.

Section 3.2 – If You Want to Change Plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Samaritan Health Plans offers other Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from our plan.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from our plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
 - – or – Contact **Medicare**, at **800-MEDICARE (800-633-4227)**, 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call **877-486-2048**.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIBA counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIBA at **800-722-4134**. You can learn more about SHIBA by visiting their website (shiba.oregon.gov).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - **800-MEDICARE (800-633-4227).** TTY users should call **877-486-2048**, 24 hours a day/7 days a week;
 - The Social Security Office at **800-772-1213** between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, **800-325-0778**; or
 - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the CAREassist. **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. CAREassist can be contacted at **971-673-0144**.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CAREassist at **971-673-0144**.

SECTION 7 Questions?

Section 7.1 – Getting Help from Samaritan Advantage Valor

Questions? We're here to help. Please call Customer Service at **800-832-4580**. (TTY only, call **800-735-2900**.) We are available for phone calls 8 a.m. to 8 p.m. daily, October 1 through March 31, and 8 a.m. to 8 p.m. Monday through Friday, from April 1 through September 30. Calls to these numbers are free.

Read your 2024 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for our plan. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at samhealthplans.org/Advantage. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at samhealthplans.org/Advantage. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 800-MEDICARE (800-633-4227).

You can call **800-MEDICARE (800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **877-486-2048**.

Visit the Medicare Website

Visit the Medicare website [medicare.gov](https://www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website [medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling **800-MEDICARE (800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **877-486-2048**.



2300 NW Walnut Blvd., Corvallis, OR 97330
800-832-4580 (TTY 800-735-2900)

[samhealthplans.org](https://www.samhealthplans.org)