



Samaritan Advantage Health Plans  
**2024 Summary of Benefits**

Samaritan Dual Advantage (HMO D-SNP)

# 2024 Samaritan Advantage Summary of Benefits

The benefit information provided here does not list every service that we cover or every limitation or exclusion. For details, see the Evidence of Coverage (EOC) available on our website at [samhealthplans.org/Medicare](https://samhealthplans.org/Medicare). For details on Medicaid coverage, please see your Oregon Health Plan and/or InterCommunity Health Plan Coordinated Care Organization (IHN-CCO) handbook(s).

## 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 Samaritan Dual Advantage).

## Tips for comparing your Medicare choices

This booklet will give you a summary of what Samaritan Dual Advantage covers and what you will pay as a member of our plan.

- 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 [medicare.gov](https://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 [medicare.gov](https://www.medicare.gov) or get a copy by calling **800-MEDICARE (800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **877-486-2048**.

## Hours of Operation & Contact Information

- From Oct. 1 to March 31, we’re open 8 a.m. to 8 p.m. local time, seven days a week.
- From April 1 to Sept. 30, we’re open 8 a.m. to 8 p.m. local time, Monday through Friday.

## Samaritan Dual Advantage phone numbers and website

- Call us toll-free at **866-747-5267** (TTY **800-735-2900**) or **541-768-4550**.
- Visit our website at [samhealthplans.org/Medicare](https://samhealthplans.org/Medicare).

### **Who can join?**

To join Samaritan Dual Advantage, you must be enrolled in Medicare Part A and Medicare Part B, and you must live in our service area. Our service area includes these counties in Oregon: Benton, Lincoln and Linn.

In addition, to be eligible to join the Samaritan Dual Advantage you must be enrolled in the Oregon Health Plan (Medicaid).

### **Which doctors, hospitals, and pharmacies can I use?**

Samaritan Dual Advantage has an extensive network of doctors, hospitals, pharmacies, and other providers. If you use 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 view our pharmacy directory and use our online tool to search for in-network providers at our website [samhealthplans.org/Medicare](https://samhealthplans.org/Medicare), or, call Customer Service to request a copy.

Out-of-network/non-contracted providers are under no obligation to treat Samaritan Dual Advantage members, except in emergency situations. Please call our customer service number or see your “Evidence of Coverage” for more information, including the cost-sharing that applies to out-of-network services.

### **Dual eligibility**

If you have Medicare and full Medicaid coverage, most of your health care costs are covered.

If you have Medicare and full Medicaid, you’ll get your Part D prescription drugs through Medicare. And, you will automatically qualify for Extra Help paying for your Medicare prescription drug coverage (Part D). Medicaid may still cover some drugs and other care that Medicare does not cover.

### **Who pays first—Medicaid or Medicare?**

Medicare pays dually eligible beneficiaries’ medical services first because Medicaid is generally the payer of last resort. Medical costs that Medicare does not cover or only partially covers, may be covered by Medicaid. You will pay nothing for services that are covered by both Medicare and Medicaid.

**If you have any questions about these plan’s benefits or costs, please contact Samaritan Advantage Health Plans toll free at 866-747-5267 (TTY 800-735-2900) or 541-768-4550 for details.**

# Samaritan Dual Advantage

## Samaritan Dual Advantage (HMO D-SNP)

### Monthly premium, deductible, and limits on how much you pay for covered services

<p><b>Monthly Plan Premium</b></p>	<p>\$40.60 per month.</p> <p>In addition, you must continue to pay or have the state pay for your Medicare Part B premium.</p>
<p><b>Deductible</b></p> <p>* The amount you pay is based on your Medicaid eligibility and the level of Extra Help you receive.</p>	<p>Medical deductible: \$240.*</p> <p>Prescription drug deductible: \$545.*</p>
<p><b>Maximum Out-of-Pocket Responsibility</b></p> <p>* The amount you pay is based on your Medicaid eligibility.</p>	<p>Your yearly maximum out-of-pocket costs for this plan:</p> <ul style="list-style-type: none"> <li>• \$8,300 for in-network covered Medicare Part A and Part B services.* Does not include Medicare Part D drugs.</li> </ul>

### Covered medical and hospital benefits

<p><b>Inpatient Hospital</b></p> <p>Prior Authorization is required for inpatient hospital care (including inpatient rehabilitation care).</p> <p>Prior Authorization is required for labor and delivery stays greater than 96 hours and newborn stays greater than 96 hours.</p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• \$1,632 deductible for each benefit period.</li> <li>• \$0 copay per day for days 1 through 60.</li> <li>• \$408 copay per day for days 61 through 90.</li> <li>• \$0 copay per day for 60 lifetime reserve days for days 91 and beyond.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>
<p><b>Outpatient Hospital</b></p> <p><i>Prior Authorization is required for elective/planned surgeries performed in an operating room, surgical suite, or hospital.</i></p> <p><i>Prior Authorization is required for spinal injections for pain management.</i></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• Outpatient hospital services: 20% coinsurance per surgery.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>

<b>Samaritan Dual Advantage (HMO D-SNP)</b>	
<p><b>Ambulatory Surgical Center</b>  <i>Prior Authorization is required for elective/planned surgeries performed in an Ambulatory Surgery Center (ASC).</i>  <i>Prior Authorization is required for spinal injections for pain management.</i></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• 20% coinsurance per service.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>
<p><b>Doctor’s Office Visits</b></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• Primary care physician visit: 20% coinsurance.</li> <li>• Specialist visit: 20% coinsurance.</li> <li>• \$0 copay for new supplemental primary care telehealth visit.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>
<p><b>Preventive Care</b>            (See the Evidence of Coverage for benefit details.)</p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for all preventive services covered under Original Medicare.</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>
<p><b>Emergency Care</b></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• Nationwide coverage: \$90 copay per Medicare-covered visit.</li> <li>• Worldwide supplemental coverage: \$90 copay per visit.</li> </ul> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your copay for emergency care.</p> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>

# Samaritan Dual Advantage

Samaritan Dual Advantage (HMO D-SNP)	
<p><b>Urgently Needed Services</b></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• Nationwide coverage: 20% coinsurance (up to \$55) per Medicare-covered visit.</li> <li>• Worldwide coverage: Not covered.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>
<p><b>Diagnostic Services / Labs / Imaging</b></p> <p><i>Prior Authorization is required for:</i></p> <ul style="list-style-type: none"> <li>• MRA and MRI of the breast, cervical, lumbar, and thoracic regions only.</li> <li>• PET, CTA coronary and virtual colonoscopies.</li> <li>• Capsule/wireless endoscopies and motility monitoring studies; and</li> <li>• Genetic testing services, except standard prenatal testing.</li> </ul>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for lab services.</li> <li>• Diagnostic tests and procedures: 20% coinsurance.</li> <li>• MRI, CAT Scan: 20% coinsurance.</li> <li>• X-rays: 20% coinsurance.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>
<p><b>Hearing Services</b></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered: 20% coinsurance per diagnostic exam.</li> <li>• \$0 copay for a hearing aid fitting/evaluation (up to 1 exam every calendar year).</li> <li>• Hearing aids and supplies: \$750 supplemental benefit limit every calendar year. Easily pay for your hearing aids with our benefits MasterCard.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>



Samaritan Dual Advantage (HMO D-SNP)	
<p><b>Dental Services</b> <i>Prior Authorization is required for Medicare-covered dental.</i></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered: 20% coinsurance.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services. Please contact your Dental Care Organization (DCO) for details.</li> </ul>
<p><b>Vision Services</b></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for eyeglasses or contact lenses after cataract surgery.</li> <li>• Medicare-covered exam to diagnose and treat diseases and conditions of the eye: 20% coinsurance.</li> <li>• Routine eye exam (up to 1 visit every year): \$20 copay.</li> <li>• Eye wear: \$175 supplemental benefit limit every calendar year for contact lenses or eyeglasses (includes upgrades). Easily pay for these services with our benefits MasterCard.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>
<p><b>Mental Health Services</b> <i>Prior Authorization is required for day treatment and electroconvulsive therapy.</i></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• Individual or group therapy sessions: 20% coinsurance.</li> </ul> <p>Inpatient mental health facility:</p> <ul style="list-style-type: none"> <li>• \$1,632 deductible for each benefit period.</li> <li>• \$0 copay per day for days 1 through 60.</li> <li>• \$408 copay per day for days 61 through 90.</li> <li>• \$816 copay per day for 60 lifetime reserve days for days 91 and beyond.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>

# Samaritan Dual Advantage

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<b>Skilled Nursing Facility (SNF)</b> <i>Prior Authorization is required.</i>	<b>Samaritan Advantage Special Needs Plan:</b> <ul style="list-style-type: none"><li>• Our plan covers up to 100 days in a SNF.</li><li>• \$0 copayment per day for days 1 through 20.</li><li>• \$204 copayment per day for days 21 through 100.</li></ul> <b>Oregon Health Plan (Medicaid):</b> <ul style="list-style-type: none"><li>• \$0 copay for Medicaid-covered services.</li><li>• Medicaid covers up to 20 days in a SNF.</li></ul>
<b>Physical Therapy</b>	<b>Samaritan Advantage Special Needs Plan:</b> <ul style="list-style-type: none"><li>• 20% coinsurance per visit.</li></ul> <b>Oregon Health Plan (Medicaid):</b> <ul style="list-style-type: none"><li>• \$0 copay for Medicaid-covered services.</li></ul>
<b>Ambulance</b>	<b>Samaritan Advantage Special Needs Plan:</b> <ul style="list-style-type: none"><li>• Ground Ambulance: 20% coinsurance.</li><li>• Air Ambulance: 20% coinsurance.</li><li>• Cost-sharing applies for one-way trips.</li></ul> <b>Oregon Health Plan (Medicaid):</b> <ul style="list-style-type: none"><li>• \$0 copay for Medicaid-covered services.</li></ul>
<b>Transportation</b>	<b>Samaritan Advantage Special Needs Plan:</b> <ul style="list-style-type: none"><li>• \$0 copay for 24 one-way non-emergent medical transportation trips to any health-related location, per calendar year.</li></ul> <b>Oregon Health Plan (Medicaid):</b> <ul style="list-style-type: none"><li>• \$0 copay for Medicaid-covered non-emergent medical transportation.</li></ul>



<b>Samaritan Dual Advantage (HMO D-SNP)</b>	
<p><b>Medicare Part B Drugs</b></p> <p><i>Prior authorization is required for some high cost infused/injected drugs. Please see the plan formulary to determine which Part B drugs require prior authorization.</i></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• Part B chemotherapy drugs: 20% coinsurance.</li> <li>• Other Part B drugs: 20% coinsurance.</li> </ul> <p>Some Part B drugs may have a less than 20% coinsurance. CMS will release a list of these drugs quarterly.</p> <p>You won't pay more than \$35 for a one-month supply of insulin product covered under the Part B drug benefit.</p> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered Part B drugs.</li> </ul> <p>Mental health drugs are covered by the state and not your Medicaid managed care health plan.</p>
<p><b>Acupuncture</b></p> <p><i>Prior Authorization is required by Medicaid for visits beyond 30 per calendar year.</i></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered acupuncture services: 20% coinsurance.</li> <li>• Routine Acupuncture: \$20 copay per visit. (We cover up to 30 supplemental visits per calendar year.)</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>
<p><b>Annual Physical Exam</b></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for a supplemental annual physical exam.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>
<p><b>Cardiac and Pulmonary Rehabilitation Services</b></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• 20% coinsurance.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>

## Samaritan Dual Advantage

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<p><b>Chiropractic Services</b></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered (manual manipulation of the spine to correct a subluxation): 20% coinsurance.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>
<p><b>Diabetes Self-Management Training, Diabetic Services and Supplies</b></p> <p><i>Prior Authorization is required for insulin pumps (with purchase or rental billed amount greater than \$500 or rental length greater than 3 months).</i></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for diabetes self-management training. Diabetes monitoring supplies: 20% coinsurance.</li> <li>• Therapeutic shoes or inserts: 20% coinsurance.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services and supplies.</li> </ul>
<p><b>Durable Medical Equipment (DME and related supplies)</b></p> <p><i>Prior Authorization is required for items with billed amount greater than \$500 for purchase and rental items with rental fee greater than \$500 per month or rental length greater than 3 months.</i></p> <p><i>Prior Authorization is required for all miscellaneous DME codes.</i></p> <p><i>Prior Authorization is required for enteral and parenteral nutrition.</i></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• 20% coinsurance.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered DME and related supplies.</li> </ul>
<p><b>Health and Wellness Education Programs</b></p> <p><i>Prior Authorization is required for health coaching package.</i></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for supplemental health coaching package.</li> <li>• \$0 copay for supplemental Silver&amp;Fit Healthy Aging and Exercise Program®.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• Not covered.</li> </ul>

	<b>Samaritan Dual Advantage (HMO D-SNP)</b>
<p><b>Home Health Services</b></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicare-covered services.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>
<p><b>Over-The-Counter (OTC) Benefit</b></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• \$175 supplemental benefit limit every quarter for eligible over-the-counter items. Pay for eligible OTC items with our benefits MasterCard. Any unused amount does not carry over to the next quarter.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• Not covered.</li> </ul>
<p><b>Personal Emergency Response System (PERS)</b></p> <p><b>New Benefit!</b></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for a PERS.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• Not covered.</li> </ul>
<p><b>Podiatry Services</b></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• 20% coinsurance.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>
<p><b>Prosthetic Devices and Related Supplies (braces, artificial limbs, etc.)</b></p> <p><i>Prior Authorization is required for prosthetics/orthotics with billed amount greater than \$500 for purchase.</i></p>	<p><b>Samaritan Advantage Special Needs Plan:</b></p> <ul style="list-style-type: none"> <li>• 20% coinsurance.</li> </ul> <p><b>Oregon Health Plan (Medicaid):</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for Medicaid-covered services.</li> </ul>

## Samaritan Dual Advantage (HMO D-SNP)

### Part D prescription drug benefits

#### Initial Coverage Phase

You are in this phase until your total yearly drug costs reach \$5,030. Total yearly drug costs are the drug costs paid by both you and our plan.

The amount you pay for prescription drugs is dependent on the amount of Extra Help you receive.

You will pay these cost shares until you leave the initial coverage phase.

#### Samaritan Advantage Special Needs Plan:

Standard Retail Cost-Sharing (34-day supply):

- Generic/preferred/multi-source drugs: \$0, \$1.55, or \$4.50
- All other drugs: \$0, \$4.60, or \$11.20

Standard Mail Order (90-day supply):

- Generic/preferred/multi-source drugs: \$0, \$4.65, or \$13.50
- All other drugs: \$0, \$13.80, or \$33.60

#### Oregon Health Plan (Medicaid):

- \$0 copay for over-the-counter drugs on the formulary.
- \$0 copay for benzodiazepine and barbiturate drugs on the formulary.

Your cost-sharing may be different if you use a Long-Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 90 days) of a drug.

Please call us or see the plan's "**Evidence of Coverage**" on our website ([samhealthplans.org/Medicare](http://samhealthplans.org/Medicare)) for complete information about your costs for covered drugs.

Please see your Oregon Health Plan Formulary and/or IHN-CCO Formulary for details. Part D medications are not covered.

Mental health drugs are covered by the state and not your Medicaid managed care health plan.

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.

**Samaritan Dual Advantage (HMO D-SNP)**

**Coverage Gap Phase**

You enter this phase once you and the plan pay a combined total of \$5,030. Not everyone will enter the coverage gap.

The amount you pay for prescription drugs is dependent on the amount of Extra Help you receive.

You will pay these cost shares until you leave the coverage gap phase.

For generic drugs, only the amount you pay counts and moves you through the coverage gap. Both the amount you pay for brand drugs and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap.

**Samaritan Advantage Special Needs Plan:**

- After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap.

**Oregon Health Plan (Medicaid):**

- \$0 copay for over-the-counter drugs on the formulary.
- \$0 copay for benzodiazepine and barbiturate drugs on the formulary.

Please see your Oregon Health Plan Formulary and/or IHN-CCO Formulary for details. Part D medications are not covered.

Mental health drugs are covered by the state and not your Medicaid managed care health plan.

**Catastrophic Coverage Phase**

You enter this phase after your yearly out-of-pocket drug costs reach \$8,000. You will stay in this phase until the end of the calendar year.

**Samaritan Advantage Special Needs Plan:**

- During this phase you pay nothing for covered drugs.

**Oregon Health Plan (Medicaid):**

- \$0 copay for over-the-counter drugs on the formulary.
- \$0 copay for benzodiazepine and barbiturate drugs on the formulary.

Please see your Oregon Health Plan Formulary and/or IHN-CCO Formulary for details. Part D medications are not covered.

Mental health drugs are covered by the state and not your Medicaid managed care health plan.

### 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 customer service representative toll free at **866-747-5267** (TTY **800-735-2900**) or **541-768-4550**.

### 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 [samhealthplans.org/Medicare](https://samhealthplans.org/Medicare) or call toll free at **866-747-5267** (TTY **800-735-2900**) or **541-768-4550** to request 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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding Important Rules

- In addition to your monthly plan premium, 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 copays/coinsurance may change on Jan. 1, 2025.
- Except in emergency or urgent situations, we do not generally cover services by out-of-network providers (doctors who are not listed in the provider directory).
- Our plan allows you to see some providers outside of our network (non-contracted providers). However, while we will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. Our plan may require you to obtain prior approval before seeking services with an out-of-network provider.

You can get this document in another language, format, large print or ask for an interpreter at no cost to you. Please call us at 800-832-4580 (TTY 800-735-2900) to request a copy of this document or an interpreter.

Puede obtener este documento en otro idioma, otro formato o en letra grande o pedir un intérprete sin costo alguno para usted. Llámenos al 800-832-4580 (TTY 800-735-2900) para pedir una copia de este documento o un intérprete.

Samaritan Advantage Health Plans is an HMO with a Medicare contract. Enrollment in Samaritan Advantage Health Plans depends on contract renewal. Other providers and pharmacies are available in our network. Samaritan Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.





2300 NW Walnut Blvd., Corvallis, OR 97330  
866-747-5267 (TTY 800-735-2900)

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