2025 Medical and Prescription Drug Plan Benefits

Samaritan Advantage Health Plans – Premier Plan Plus

Samaritan Health Plans

This is not a complete description of benefits. Please call **866-207-3182** (TTY **800-735-2900**) for more information.

	Premier Plan Plus (HMO) – $138/mo.
Medical Deductible	**$0** annual deductible
Medical Out-of-Pocket Maximum	**$3,750** is the most you will pay per year for medical copays and coinsurance
Doctor's Office Visits	**$0 copay** per primary care visit **$15 copay** per specialist visit
Annual Physical Exams	**$0 copay** per exam
Outpatient Mental Health And Psychiatric Services	**$0 copay** per visit
Inpatient Hospital Care	Days 1-5: **$325 copay** Days 6-90: **$0 copay**
Skilled Nursing Facility Care	Days 1-20: **$0 copay** per day Days 21-45: **$165 copay** per day Days 46-100: **$0 copay** per day
Outpatient Hospital	**$300** per outpatient surgery
Urgent Care Nationwide	**$35 copay** per urgent care visit
Emergency Care Worldwide	**$90** per emergency care visit (**$0** if you are admitted to the hospital within 24 hours)
Ambulance	**$250 copay** per one-way trip by ground
Vision Services	**$25 copay** per visit for exams to diagnose and treat conditions and diseases of the eye **$5 copay** per visit for routine eye exam (one per year) **$2,750** combined benefit limit per calendar year for routine vision hardware, hearing aids and supplies and preventive and comprehensive dental services
Chiropractic Services	**$20 copay** per visit for manual manipulation of the spine to correct subluxation **$20 copay** per visit for routine chiropractic (up to five visits per year)

		Premier Plan Plus (HMO) – $138/mo.	
Routine Acupuncture		**$10 copay** per acupuncture treatment (up to 30 treatments per year)	
Non-emergent Ground Transportation		**Unlimited rides** to and from any health-related location	
Over-The-Counter (OTC) Benefit		**$125** limit per quarter on items such as bandages, pain relievers and more	
Gym Membership and Fitness Programs		Silver&Fit® included in plan premium	
Dental Services		**$2,750** combined benefit limit per calendar year for preventive and comprehensive dental services, routine vision hardware and hearing aids and supplies	
Personal Emergency Response System (PERS)		**$0 copay**	
Hearing Services		**$2,750** combined benefit limit per calendar year for hearing aids and supplies, preventive and comprehensive dental services, and routine vision hardware	
PART D: PRESCRIPTION DRUG BENEFITS	**Deductible Phase** This plan does not have a deductible.	**$0**	
	Initial Coverage Phase Mail order service available; 1 or 3 month supply available.	**Preferred Pharmacy Network** Tier 1: **$3** for a 30-day supply Tier 2: **$12** for a 30-day supply Tier 3: **$40** for a 30-day supply Tier 4: **50%** Tier 5: **33%** Tier 6: **$0**	**Standard Pharmacy Network** Tier 1: **$13** for a 30-day supply Tier 2: **$20** for a 30-day supply Tier 3: **$47** for a 30-day supply Tier 4: **50%** Tier 5: **33%** Tier 6: **$0**
	Catastrophic Phase After your total yearly drug costs have reached **$2,000**	You pay nothing	

Any Part D prescription drug Late Enrollment Penalty would be collected along with monthly premium.

* *Exceptions may apply in different coverage phases.*

Samaritan Advantage Health Plans is an HMO with a Medicare contract. Enrollment in Samaritan Advantage Health Plans depends on contract renewal. 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.