2025 Medical-only Plan Benefits

Samaritan Advantage Health Plans – Valor

Samaritan Health Plans

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

	Valor (HMO) – $9/mo.
Medical Deductible	**$0** annual deductible
Medical Out-of-Pocket Maximum	**$6,000** is the most you will pay per year for medical copays and coinsurance
Doctor's Office Visits	**Gold Tier Providers** Primary care **$10** Specialists **$35** **Silver Tier Providers** Primary care **$25** Specialists **$50**
Annual Physical Exams	**$0 copay** per exam
Outpatient Mental Health and Psychiatric Services	**$20 copay** per visit
Inpatient Hospital Care	**Gold Tier Providers** Days 1-5 **$375** Days 6-60 **$0** Days 61-90 **$0** **Silver Tier Providers** Days 1-5 **$450** Days 6-60 **$50** Days 61-90 **$0**
Skilled Nursing Facility Care	Days 1-20 **$10 copay** per day Days 21-45 **$214 copay** per day Days 46-100 **$0 copay** per day
Outpatient Hospital	**Gold Tier Providers** **$475** per outpatient surgery **Silver Tier Providers** **$575** per outpatient surgery
Urgent Care Nationwide	**$35 copay** per urgent care visit
Emergency Care Worldwide	**$125 copay** per emergency care visit (**$0** if you are admitted to the hospital within 24 hours)
Ambulance	**$375 copay** per one-way trip by ground
Air Ambulance	**20% coinsurance**

	Valor (HMO) – $9/mo.
Vision Services	**$40 copay** per visit for exams to diagnose and treat conditions/diseases of the eye **$20 copay** per visit for routine eye exam (one per year) **$500** combined benefit limit per calendar year for routine vision hardware, preventive and comprehensive dental services and hearing aids and supplies
Chiropractic Services	**$20 copay** per visit for manual manipulation of the spine to correct subluxation **$30 copay** per visit for routine chiropractic (up to five visits per year)
Routine Acupuncture	**$20 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	**$50** limit per quarter on items such as bandages, pain relievers, cold and allergy medicines and more
Gym Membership and Fitness Programs	Silver&Fit® optional with additional fee
Dental Services	**$500** 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	**$500** combined benefit limit per calendar year for hearing aids and supplies, preventive and comprehensive dental services and routine vision hardware

Valor members may not be allowed to sign up for a Part D prescription drug plan.

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