

Samaritan Advantage Valor (HMO) offered by Samaritan Health Plans

Annual Notice of Changes for 2025

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 the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- ☐ 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, 2024, you will stay in Samaritan Advantage Valor.

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Samaritan Advantage Valor.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact Customer Service number at 866-207-3182 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 www.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.
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

Annual Notice of Changes for 2025

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Samaritan Advantage Valor in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$5	\$9
Maximum out-of-pocket amount This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$5,200	\$6,000
Doctor office visits	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.	Primary care visits: \$10 per visit for Gold Tier providers and \$25 per visit for Silver Tier providers. Specialist visits: \$35 per visit for Gold Tier providers and \$50 per visit for Silver Tier providers.

Cost	2024 (this year)	2025 (next year)
Inpatient hospital stays	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 \$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.	You pay a \$450 copay per day for days 1-5, a \$50 copay per day for days 6-90, and a \$0 copay per day for days 61-90 for a Medicare-covered inpatient hospital stay at a Silver Tier facility.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$5	\$9

Section 1.2 – 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	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount	\$5,200	\$6,000
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.		Once you have paid \$6,000 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 1.3 – 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 2025 Provider Directory samhealthplans.org/Advantage 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 1.4 – 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	2024 (this year)	2025 (next year)
Ambulance services	\$250 copayment for each Medicare-covered ground ambulance service.	\$375 copayment for each Medicare-covered ground ambulance service.

Cost	2024 (this year)	2025 (next year)
Ambulatory surgery center services	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.	You pay a \$400 copay for a Medicare-covered ambulatory surgery center visit at a Gold Tier facility. You pay a \$500 copay for a Medicare-covered ambulatory surgery center visit at a Silver Tier facility.
Dental services	\$500 combined benefit limit for preventive and comprehensive dental services.	\$500 combined benefit limit for preventive and comprehensive dental services, hearing aids and supplies, and routine vision hardware.
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.	You pay a \$125 copay per visit for Medicare-covered emergency care. You pay a \$125 copay per visit for worldwide emergency care.
Hearing aids	Hearing aids, repairs and supplies are not a covered benefit.	\$500 combined benefit limit for hearing aids and supplies, preventive and comprehensive dental services, and routine vision hardware.

Cost	2024 (this year)	2025 (next year)
Inpatient hospital care	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.	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 \$50 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.
Inpatient services in a psychiatric hospital	You pay a \$500 copay for each Medicare-covered inpatient mental health care stay.	You pay a \$1,500 copay for each Medicare-covered inpatient mental health care stay.
Outpatient diagnostic tests and procedures	You pay a \$5 copay for Medicare-covered outpatient diagnostic tests and procedures. You pay a \$5 copayment for Medicare-covered laboratory tests.	You pay a \$10 copay for Medicare-covered outpatient diagnostic tests and procedures. You pay a \$10 copayment for Medicare-covered laboratory tests.
Outpatient hospital observation services	You pay a \$100 copay for Medicare-covered observation services.	You pay a \$125 copay for Medicare-covered observation services.

Cost	2024 (this year)	2025 (next year)
Outpatient hospital services	You pay a \$375 copay for Medicare-covered outpatient hospital surgery and services at a Gold Tier facility. You pay a \$35 copay for Medicare-covered podiatry services performed in a Gold Tier outpatient hospital setting. You pay a \$475 copay for Medicare-covered outpatient hospital surgery and services at a Silver Tier facility. You pay a \$45 copay for Medicare-covered podiatry services performed in a Silver Tier outpatient hospital setting.	You pay a \$475 copay for Medicare-covered outpatient hospital surgery and services at a Gold Tier facility. You pay a \$35 copay for Medicare-covered podiatry services performed in a Gold Tier outpatient hospital setting. You pay a \$575 copay for Medicare-covered outpatient hospital surgery and services at a Silver Tier facility. You pay a \$45 copay for Medicare-covered podiatry services performed in a Silver Tier outpatient hospital setting.
Over-the-Counter (OTC) benefit	You have a \$75 allowance every quarter for over-the-counter items. Any unused amount does not carry over to the next quarter.	You have a \$50 allowance every quarter for over-the-counter items. Any unused amount does not carry over to the next quarter.
Primary care services	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.	You pay a \$10 copay per visit for Medicare-covered primary care doctor office visits with a Gold Tier provider. You pay a \$25 copay per visit for Medicare-covered primary care doctor office visits with a Silver Tier provider.

Cost	2024 (this year)	2025 (next year)
Routine vision hardware	\$125 benefit limit for contact lenses, or eyeglasses (frames, lenses and upgrades.)	\$500 combined benefit limit for routine vision hardware, hearing aids and supplies, preventive and comprehensive dental services.
Skilled nursing facility (SNF)	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.	You pay a \$10 copay per day for days 1-20, a \$214 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 \$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.	You pay a \$35 copay per visit for a specialist doctor office visit with a Gold Tier provider. You pay a \$50 copay per visit for a specialist doctor office visit with a Silver Tier provider.
Telehealth services	You pay \$0 copay for telehealth visits with a primary care physician.	You pay \$0 copay for telehealth visits with a primary care physician, specialist, physical, occupational, or speech therapy visits, and outpatient mental health care

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – 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 Samaritan Advantage Valor.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 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 (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

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 Samaritan Advantage Valor.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Samaritan Advantage Valor.
- 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 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Administrative Changes

Description	2024 (this year)	2025 (next year)
Primary Care Providers (PCPs)	You are not required to choose a PCP.	You must choose a PCP to provide and oversee your medical care.

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, 2025.

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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 Senior Health Insurance Benefits Assistance (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 late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. 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. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the CAREassist at 971-673-0144. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call CAREassist at 971-673-0144. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 7 Questions?

Section 7.1 – Getting Help from Samaritan Advantage Valor

Questions? We’re here to help. Please call Customer Service at 866-207-3182. (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 2025 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 2025. For details, look in the 2025 *Evidence of Coverage* for Samaritan Advantage Valor. 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 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (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 www.medicare.gov/plan-compare.

Read Medicare & You 2025

Read the *Medicare & You 2025* 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 (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.