2025 Medical and Prescription Drug Plan Benefits

Samaritan Advantage Health Plans – Premier Plan

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 (HMO) – $29/mo.
Medical Deductible	**$0** annual deductible
Medical Out-of-Pocket Maximum	**$4,250** is the most you will pay per year for medical copays and coinsurance.
Doctor's Office Visits	**Gold Tier Providers** Primary care **$0** Specialists **$25** **Silver Tier Providers** Primary care **$15** Specialists **$45**
Annual Physical Exams	**$0 copay** per exam
Outpatient Mental Health and Psychiatric Services	**$5 copay** per visit
Inpatient Hospital Care	**Gold Tier Providers** Days 1-5: **$325** Days 6-90: **$0** **Silver Tier Providers** Days 1-5: **$450** Days 6-60: **$50** Days 61-90: **$0**
Skilled Nursing Facility Care	Days 1-20: **$0 copay** per day Days 21-45: **$203 copay** per day Days 46-100: **$0 copay** per day
Outpatient Hospital	**Gold Tier Providers** **$350** per outpatient surgery **Silver Tier Providers** **$550** per outpatient surgery
Urgent Care Nationwide	**$35 copay** per urgent care visit
Emergency Care Worldwide	**$110** per emergency care visit (**$0** if you are admitted to the hospital within 24 hours)
Ambulance	**$300 copay** per one-way trip by ground
Vision Services	**$30 copay** per visit for exams to diagnose and treat conditions and diseases of the eye **$10 copay** per visit for routine eye exam (one per year) **$2,000** combined benefit limit per calendar year for routine vision hardware, preventive and comprehensive dental services and hearing aids and supplies

		Premier Plan (HMO) – $29/mo.
Chiropractic Services		**$20 copay** per visit for manual manipulation of the spine to correct subluxation **$25 copay** per visit for routine chiropractic (up to five visits per year)
Routine Acupuncture		**$20 copay** per acupuncture treatment with up to 30 treatments per year
Non-emergent Ground Transportation		**Unlimited rides** to and from any health-related location
Over-The-Counter (OTC) benefit		**$100** limit per quarter on items such as bandages, pain relievers and more
Gym Membership and Fitness Programs		Silver&Fit® optional with additional fee
Dental Services		**$2,000** combined 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		**$2,000** combined 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** You begin the calendar year paying these cost shares.	**$175 annual deductible** (Only applies to Tiers 3, 4 and 5) You will never pay more than $35 for a one month supply of insulin, even if you haven't met the deductible.
	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: **29%** 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: **29%** 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.*

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