



Samaritan
Health Plans



Samaritan Advantage Health Plans

2026 Summary of Benefits

Samaritan Dual Advantage (HMO D-SNP)

You can get this in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 866-207-3182 (TTY 800-735-2900 or 711).

Puede obtenerlo en otros idiomas, letra grande, Braille o el formato que prefiera. También puede solicitar un intérprete. Esta ayuda es gratuita. Llama al 866-207-3182 (TTY 800-735-2900 o 711).



Samaritan Advantage 2026 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. For details on Medicaid coverage, please see your Oregon Health Plan and/or InterCommunity Health Plan Coordinated Care Organization (IHN-CCO) handbook(s).

Do you have a question?

If you have any questions about this plan's benefits or costs, please contact Samaritan Advantage Health Plans toll free at **866-207-3182** (TTY **800-735-2900 or 711**) or **541-768-7866** or visit us at samhealthplans.org/Medicare for more details.

Telephone hours of operation

- 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.

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 is a summary of what Samaritan Dual Advantage (HMO D-SNP) 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**.

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** 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**.

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 on our website at 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.

You’ll get your Part D prescription drugs through Medicare and will automatically qualify for **Extra Help** to pay for your Medicare prescription drug coverage (Part D). Medicaid may still cover some medical and prescription benefits that Medicare does not cover.

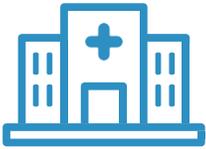
Who pays first—Medicaid or Medicare?

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.



Plan premium, deductible and maximum out-of-pocket costs

Out-of-pocket costs	
Monthly premium	<p>Up to \$10.50.</p> <p>The amount you pay is based on your Medicaid eligibility and the level of Extra Help you receive. In addition, you must continue to pay, or have the state pay, for your Medicare Part B premium.</p>
Plan deductible	<p>Medical Deductible: Up to \$283.</p> <p>The amount you pay is based on your Medicaid eligibility and the level of Extra Help you receive.</p> <p>Prescription drug deductible: \$615.</p> <p>The amount you pay is based on your Medicaid eligibility and the level of Extra Help you receive.</p> <p>A plan deductible is the amount you pay for Medicare-covered benefits before the health plan begins to pay, too.</p>
Maximum out-of-pocket	<p>Up to \$9,250.</p> <p>The actual amount is based on your Medicaid eligibility and the level of Extra Help you receive. Once you reach your maximum out-of-pocket limit, the plan pays for 100% of your Medicare-covered medical services. Please note, your premium and Medicare Part D drug costs do not count toward your maximum out-of-pocket.</p>



Medical and hospital benefits

Benefit	Your Cost
Inpatient Hospital	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • \$ 1,736 deductible for each benefit period. • Days 1 – 60 \$0 copay per day • Days 61 – 90 \$443 copay per day • Days 91 and beyond \$868 copay per day for 60 lifetime reserve days <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services. <hr/> <p>Prior Authorization is required for:</p> <ul style="list-style-type: none"> • Inpatient hospital care (including inpatient rehabilitation care). • Labor and delivery stay greater than 96 hours. • Newborn stays greater than 96 hours.
Outpatient Hospital	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • Outpatient hospital services: 20% coinsurance per surgery. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services. <hr/> <p>Prior Authorization is required for:</p> <ul style="list-style-type: none"> • Elective/planned surgeries performed in an operating room, surgical suite, or hospital. • Spinal injections for pain management.

Benefit	Your Cost
<p>Ambulatory Surgical Center (ASC)</p>	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • 20% coinsurance per service. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services. <hr/> <p>Prior Authorization is required for:</p> <ul style="list-style-type: none"> • Elective/planned surgeries performed in an ASC. • Spinal injections for pain management.
<p>Doctor Visits</p>	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • Primary care physician visit: 20% coinsurance. • Specialist visit: 20% coinsurance. • \$0 copay for supplemental primary care or specialist telehealth visit. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services.
<p>Preventive Care</p>	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • \$0 copay for all preventive services covered under Original Medicare. <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services. <p>See the Evidence of Coverage for benefit details.</p>

Benefit	Your Cost
<p>Emergency Care</p>	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> Nationwide coverage: 20% coinsurance (up to \$115) per Medicare-covered visit. Worldwide supplemental coverage: \$115 copay per visit. <p>If you are admitted to the hospital within 24 hours, you do not have to pay your copay for emergency care.</p> <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> \$0 copay for Medicaid-covered services.
<p>Urgently Needed Services</p>	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> Nationwide coverage: 20% coinsurance (up to \$40) per Medicare-covered visit. Worldwide coverage: Not covered. \$0 copay for supplemental urgent care telehealth visit. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> \$0 copay for Medicaid-covered services.
<p>Diagnostic Services / Labs / Imaging</p>	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> Lab services: 20% coinsurance Diagnostic tests and procedures: 20% coinsurance. MRI, CAT Scan: 20% coinsurance. X-rays: 20% coinsurance. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> \$0 copay for Medicaid-covered services. <hr/> <p>Prior Authorization is required for:</p> <ul style="list-style-type: none"> MRA and MRI of the breast, cervical, lumbar and thoracic regions only. PET scan, CTA coronary and virtual colonoscopies. Capsule/wireless endoscopies and motility monitoring studies. Genetic testing services, except standard prenatal testing. Proprietary lab analyses (PLA).

Benefit	Your Cost
Hearing Services	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none">• Medicare-covered: 20% coinsurance per diagnostic exam.• Hearing aids and supplies: This benefit is part of an annual \$1,000 supplemental combined benefit limit for hearing aids and supplies, preventive and comprehensive dental services, and routine vision hardware. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none">• \$0 copay for Medicaid-covered services.
Dental Services	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none">• Medicare-covered: 20% coinsurance.• Extra dental services: This benefit is part of an annual \$1,000 combined benefit limit for preventive and comprehensive dental services, routine vision hardware, and hearing aids and supplies. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none">• \$0 copay for Medicaid-covered services. Please contact your Dental Care Organization (DCO) for details. <hr/> <p>Prior Authorization is required for:</p> <ul style="list-style-type: none">• Medicare-covered dental.

Benefit	Your Cost						
<p>Vision Services</p>	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • \$0 copay for eyeglasses or contact lenses after cataract surgery. • 20% coinsurance for Medicare-covered exam to diagnose and treat diseases and conditions of the eye. • Routine eye exam (up to 1 visit every year): \$20 copay. • Eye wear: This benefit is part of an annual \$1,000 combined benefit limit for routine vision hardware, preventive and comprehensive dental services, and hearing aids and supplies. Coverage includes contact lenses or eyeglasses (includes upgrades). <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services. 						
<p>Mental Health Care</p>	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • Individual or group therapy sessions: 20% coinsurance. • Inpatient mental health facility: \$1,736 deductible for each benefit period. <table border="0"> <tr> <td>• Days 1 – 60</td> <td>\$0 copay per day</td> </tr> <tr> <td>• Days 61 – 90</td> <td>\$434 copay per day</td> </tr> <tr> <td>• Days 91 and beyond</td> <td>\$868 copay per day for 60 lifetime reserve days</td> </tr> </table> <ul style="list-style-type: none"> • \$0 copay for supplemental mental health telehealth visits. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services. <hr/> <p>Prior Authorization is required for:</p> <ul style="list-style-type: none"> • Inpatient and subacute care. • Intensive day treatment/partial hospitalization. • electroconvulsive therapy. 	• Days 1 – 60	\$0 copay per day	• Days 61 – 90	\$434 copay per day	• Days 91 and beyond	\$868 copay per day for 60 lifetime reserve days
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• Days 61 – 90	\$434 copay per day						
• Days 91 and beyond	\$868 copay per day for 60 lifetime reserve days						

Benefit	Your Cost
<p>Skilled Nursing Facility (SNF)</p>	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> • Days 1 – 20 \$0 copay per day • Days 21 – 100 \$217 copay per day • Days 101 and beyond You pay all costs <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services. Medicaid covers up to 20 days in a SNF. <hr/> <p>Prior Authorization is required.</p>
<p>Physical Therapy</p>	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • 20% coinsurance per visit. • \$0 copay for supplemental physical therapy telehealth visits. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services.
<p>Ambulance</p>	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • Ground Ambulance: 20% coinsurance. • Air Ambulance: 20% coinsurance. • Cost-sharing applies for one-way trips. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services.
<p>Transportation</p>	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • This is <u>not</u> a covered benefit. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered non-emergent medical transportation.

Benefit	Your Cost
Medicare Part B Drugs	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • Part B chemotherapy drugs: 20% coinsurance. • Other Part B drugs: 20% coinsurance. <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>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered Part B drugs. <p>Mental health drugs are covered by the state and not your Medicaid managed care health plan.</p> <hr/> <p>Prior authorization is required for:</p> <ul style="list-style-type: none"> • Some high cost infused/injected drugs. <p>Please see the plan formulary to determine which Part B drugs require prior authorization.</p> <p>Our plan has Part B step therapy. You may have to try a different Part B drug or Part D before we will approve certain Part B drugs. Please see the 'Part B Drugs Requiring Step Therapy' document on our website for more information.</p>
Acupuncture	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • Medicare-covered acupuncture services: 20% coinsurance. • Routine Acupuncture: \$20 copay per visit. (We cover up to 30 supplemental visits per calendar year.) <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services. <hr/> <p>Prior Authorization is required by Medicaid for:</p> <ul style="list-style-type: none"> • Visits beyond 30 per calendar year.

Benefit	Your Cost
Annual Physical Exam	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • \$0 copay for a supplemental annual physical exam. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services.
Cardiac and Pulmonary Rehabilitation Services	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • 20% coinsurance. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services.
Chiropractic Services	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • Medicare-covered (manual manipulation of the spine to correct a subluxation): 20% coinsurance. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services.
Diabetes Services and Supplies	<ul style="list-style-type: none"> • Samaritan Dual Advantage: • \$0 copay for diabetes self-management training. • Diabetes monitoring supplies: 20% coinsurance. • Therapeutic shoes or inserts: 20% coinsurance. • Oregon Health Plan (Medicaid): • \$0 copay for Medicaid-covered services and supplies. <hr/> <p>Prior Authorization is required for:</p> <ul style="list-style-type: none"> • Insulin pumps with purchase or rental billed amount greater than \$600 or rental length greater than 3 months.

Benefit	Your Cost
Durable Medical Equipment (DME) and Related Supplies	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • 20% coinsurance. <p>Continuous Glucose Monitors (CGMs) are considered DME and subject to DME cost sharing.</p> <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered DME and related supplies. <hr/> <p>Prior Authorization is required for:</p> <ul style="list-style-type: none"> • Items with billed amount greater than \$600 for purchase and rental items with rental fee greater than \$600 per month or rental length greater than 3 months. • All miscellaneous DME codes. • Enteral and parenteral nutrition.
Gym Membership and Fitness Programs	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • \$0 copay for supplemental Silver&Fit Healthy Aging and Exercise Program® (includes the Fitness Center Program and Home Fitness Program). <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • Not covered.
Home Health Services	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered services. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • \$0 copay for Medicaid-covered services.
Personal Emergency Response System (PERS)	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none"> • \$0 copay for a PERS. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none"> • Not covered.

Benefit	Your Cost
Podiatry Services	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none">• 20% coinsurance. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none">• \$0 copay for Medicaid-covered services.
Prosthetic Devices and Related Supplies (E.g., braces, artificial limbs, etc.)	<p>Samaritan Dual Advantage:</p> <ul style="list-style-type: none">• 20% coinsurance. <p>Oregon Health Plan (Medicaid):</p> <ul style="list-style-type: none">• \$0 copay for Medicaid-covered services. <hr/> <p>Prior Authorization is required for:</p> <ul style="list-style-type: none">• Prosthetics/orthotics with billed amount greater than \$600 for purchase.



Part D prescription drug benefits

Deductible phase

You have a \$615 deductible for drugs on tier 1, 2, 3, 4, and 5.

You start in the **Deductible Phase** each calendar year. During this phase, you pay the full cost of your tier 1, 2, 3, 4, and 5 drugs until you reach the yearly deductible.

If you get **Extra Help**, this payment phase doesn't apply to you.

Initial coverage phase

Standard Retail Cost-Sharing (30-day supply):

- Drug Tiers 1-5: How much you pay depends on your low-income subsidy (LIS) level.
 - LIS Level 1: Generic/multi-source drugs: \$5.10 or 25% coinsurance (whichever is less)
Brand/all other drugs: \$12.65 or 25% coinsurance (whichever is less)
 - LIS Level 2: Generic/multi-source drugs: \$1.60 or 25% coinsurance (whichever is less)
Brand/all other drugs: \$4.90 or 25% coinsurance (whichever is less)
 - LIS Level 3: You pay nothing
- Drug Tier 6: You pay nothing

Standard Mail Order (90-day supply or 100-day supply for drugs on tier 6):

- Drug Tiers 1-5: How much you pay depends on your low-income subsidy (LIS) level.
 - LIS Level 1: Generic/multi-source drugs: \$15.30 or 25% coinsurance (whichever is less)
Brand/all other drugs: \$37.95 or 25% coinsurance (whichever is less)
 - LIS Level 2: Generic/multi-source drugs: \$4.80 or 25% coinsurance (whichever is less)
Brand/all other drugs: \$14.70 or 25% coinsurance (whichever is less)
 - LIS Level 3: You pay nothing
- Drug Tier 6: You pay nothing

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

Oregon Health Plan (Medicaid):

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

Samaritan Dual Advantage

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.

You are in the **Initial Coverage Phase** until your total yearly drug costs reach \$2,100.

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.

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 see the plan's **Evidence of Coverage** on our website at samhealthplans.org/Medicare for complete information about your costs for covered drugs.

Catastrophic coverage phase

Samaritan Dual Advantage:

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.

You enter the **Catastrophic Coverage Phase** once your total yearly drug costs have reached \$2,100. You will remain in this phase and pay these cost shares until the end of the calendar year.

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.

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 **866-207-3182** (TTY **800-735-2900**) or **541-768-7866**.

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 or call toll free at 866-207-3182 (TTY 800-735-2900) or 541-768-7866 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.
- Review the formulary to make sure your drugs are covered.

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, 2027.
- 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.
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.



2300 NW Walnut Blvd., Corvallis, OR 97330
866-207-3182 (TTY 800-735-2900 or 711)

samhealthplans.org/Medicare