



Samaritan Advantage new members' frequently asked questions

Updated March 21, 2024

Benefits: Health, vision and dental

Q: Are eye exams and glasses covered, including those that are medically necessary?

A: Yes. We cover one routine eye exam per calendar year. Medicare-covered medical eye exams (to diagnose or treat diseases and injuries of the eye) are covered as often as needed. A preventive glaucoma screening is also covered at no cost. Your provider should bill all eye exams directly to Samaritan Health Plans.

There is no cost for one pair of Medicare-covered eyeglasses (standard frame and lenses) following cataract surgery. Samaritan Health Plans should be billed directly for this service. All plans also have an annual allowance for routine vision hardware (eyeglasses, frames, lenses, contacts and upgrades). Use your Benefits Mastercard to pay for routine vision hardware, up to the annual allowance covered by your plan.

Q. Are routine vaccines covered for Valor members without Part D coverage?

A. Only these vaccines are covered by Medicare Part B:

- Flu shots, once each flu season in the fall and winter with additional flu shots if medically necessary.
- Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B.
- COVID-19 vaccine.
- Pneumonia vaccine.
- Other vaccines if you are at risk and they meet Medicare Part B coverage rules.

Q. How does the Annual Wellness Visit work and do I need to wait 12 months to schedule one?

A. If you have been eligible for Medicare longer than 12 months, then you do not need to wait to schedule an Annual Wellness Visit. The Annual Wellness Visit, annual physical exam and Welcome to Medicare Visit are all free benefits for plan members. (The Welcome to Medicare Visit can only be scheduled during the first 12 months after becoming eligible for Medicare.) Members who complete one of these visits will receive \$25 on their Rewards & Incentives Mastercard (a limit of one \$25 reward per year). For more

information on the incentive, please visit samhealthplans.org/Rewards-and-Incentives.

Q: How is international travel covered by my plan?

A: The plan will only cover in the event of an emergency when services are received in an emergency room. This does not include emergent drugs or transportation.

Q: What does the dental plan cover and how do I use my Benefits Mastercard for dental services?

A: The dental benefit covers preventive services such as cleanings, exams and X-rays. It also covers comprehensive and restorative services such as crowns, fillings, root canals, bridges, dentures, etc. **The only service not covered is orthodontia.**

The annual dollar amount allowed (based on your plan) is pre-loaded onto your Benefits Mastercard. If you swipe your card as credit, you do not need a PIN. Using either the debit or credit option at the point of sale will reduce your benefit by the amount of the transaction. You will not receive a separate bill for the Benefits Mastercard.

Q: What medical alert solutions does Samaritan offer and how can I learn more?

A: Samaritan Advantage Health Plans offers a Personal Emergency Response Service or PERS. Find out more by visiting your Advantage benefits page at samhealthplans.org/AdvantageBenefits or by calling our service provider, Medical Guardian at 800-914-5531.

Q: How do I access the acupuncture benefit?

A: Please go to our provider directory and find a contracted provider. You can search by the specialist, which would be “acupuncture.”

There are approximately 19 acupuncturists who are contracted providers.

There are two separate acupuncture benefits:

1. Medicare-covered acupuncture. That is specific to low back pain and chronic low back pain. This service does need to be provided by a specific type of provider which is something you should discuss with your doctor.
2. We also offer a routine acupuncture benefit which is 30 routine visits per calendar year.

Finding a provider, PCP assignment and prior authorizations

Q: Do I need a referral to see a specialist (for example, a dermatologist or a pulmonary specialist)?

A: Some specialists may require a referral from a primary care provider or other physician of choice before they will see you. Contact your primary care provider if you feel you need the care of a specialist. They can assist you with a referral. Samaritan Advantage does not require referrals to be submitted to the plan.

Q: How can I check to see if my current health care providers are covered by Samaritan Health Plans?

A: You can access the Samaritan Advantage provider directory at samhealthplans.org/Find-a-Provider. If you have any questions, please call Customer Service at 541-768-4550 or toll free at 800-832-4580 (TTY 800-735-2900) for additional information. Hours are 8 a.m. to 8 p.m. daily, Oct. 1 through March 31, and 8 a.m. to 8 p.m. Monday through Friday, April 1 through Sept. 30.

Q: I was assigned a new PCP, but I want to stay with my current provider. What should I do?

A: If you were assigned a new PCP but want to stay with your current primary care provider in our network, please call Customer Service at 541-768-4550 or toll free at 800-832-4580 (TTY 800-735-2900) to get your PCP updated to the one you currently see.

Fitness and wellness programs

Q: When will the SamFit in north Albany open again?

A: This location is planning to reopen soon, but an exact date has not been determined. You can follow all the news about SamFit at facebook.com/BeMoreThanFit.

Prescription medications and pharmacy services

Q: If I am in a provider's office and a medication is prescribed, do I need to check the formulary before having the provider call the prescription into the pharmacy?

A: You can certainly check the formulary and see if it is a covered medication. You can also ask your provider to check and see if it is covered. If they send it to the

pharmacy and it is not covered, the pharmacy will tell you at that point it is not covered. The pharmacy will reach out to your provider to initiate a prior authorization. Your provider can also look it up or you can call Samaritan Health Plans Customer Service and we can look it up for you. Also, for more urgent prescriptions, like antibiotics, those should not have prior authorization criteria. However, per the Centers for Medicare and Medicaid Services, we cannot cover any cough medications or anything over-the-counter.

Q: What is the process for changing pharmacies?

A: To find a network pharmacy, review the pharmacy directory on the Samaritan Health Plans website at samhealthplans.org/Find-a-Drug or contact Customer Service at 541-768-4550 or toll free at 800-832-4580 (TTY 800-735-2900).

You will need to call the pharmacy you want to switch to, let them know where your prescriptions are currently being held and the pharmacies will handle the change internally themselves. If you want to go from one Safeway to another, that's usually pretty easy. You call the Safeway you want to go to and they can transfer your prescriptions. If you want to switch from a Safeway to a Samaritan pharmacy, it's also an easy process but usually takes a little bit more time because the pharmacies have to talk to each other and transfer the prescriptions.

Q: We got a letter from Samaritan saying there was a problem with one of our drugs. It was a very long form letter regarding the formulary and the limit on the drug. It was confusing. Who do we talk to about this?

A: Without seeing the letter, our best guess is it is a letter letting you know that a drug you are currently taking is nonformulary. Nonformulary means the drug prescribed for you is not covered by your health plan. Unfortunately, the language, is scripted by the Centers for Medicare and Medicaid Services and we are required to use it. You can always call Customer Service at 541-768-4550 or toll free at 800-832-4580 (TTY 800-735-2900). Hours are 8 a.m. to 8 p.m. daily, Oct. 1 through March 31, and 8 a.m. to 8 p.m. Monday through Friday, April 1 through Sept. 30. Let them know the name of the drug and they can help you find the formulary status. They can also help you start the process of a prior authorization request or help you and your health care provider determine what forms need to be submitted.

Resources and support services

Q: Where do we go for the paperless billing option to pay my premium?

A: If you go to samhealthplans.org/Pay-Your-Bill, you can access the InstaMed portal for Advantage members. If you do not already have an account, you will have to set one up. Within the portal, there is an option to elect paperless billing.

Q: Where can we see the replay of the video from today's webinar?

A: The webinar is posted online at samhealthplans.org/NewMembers. You can also access it directly and [watch the video now](#).

Q. How do I access services like transportation for medical procedures?

A. To schedule a ride to any health-related location, call Cascade West Ride Line at 866-724-2975 (TTY 711). Hours of operation are Monday through Friday 8 a.m. to 5 p.m.

Q: Is there an Office of Patient Advocacy at Samaritan and how can I contact them?

A: Yes, you can email Patient Advocacy at shswebcontactus-general@samhealth.org or visit the Samaritan Health Services website at samhealth.org/Contact-Us and fill out the form for Patient Advocacy (comments or complaints).

Q: Will there be ongoing town hall meetings to discuss plan concerns?

A: We will continue to monitor our members' questions and concerns. We will update our website if any new town hall dates are added and send out a postcard to announce any new events.

Using your Benefits Mastercard

Q. How do I use my Benefits Mastercard for over-the-counter items, dental and vision expenses?

A. Instead of paying out of pocket, Samaritan Advantage provides you with an easy way to pay for some of your qualified health care expenses, such as eligible over-the-counter items and certain dental, vision and hearing benefits. Your prepaid Benefits Mastercard is loaded with the value of these supplemental benefits, according to the plan you have.

Q: Can over-the-counter, or OTC drugs and supplements be purchased with my Benefits Mastercard and are they eligible for reimbursement?

A: OTC items can be bought at most pharmacies, stores or online stores that take Mastercard. Some common stores in your area are Bi-Mart, Walmart, Fred Meyer and Rite Aid. You can visit [Cardholders \(sig-is.org\)](http://sig-is.org) to find a store near you. For more information, review the [list of covered OTC drugs](#) online by going to samhealthplans.org/AdvantageBenefits or call Customer Service at 541-768-4550 or 800-832-4580 (TTY 800-735-2900). Hours are 8 a.m. to 8 p.m. daily, Oct. 1 through March 31, and 8 a.m. to 8 p.m. Monday through Friday, April 1 through Sept. 30.

Q: Can I use my OTC quarterly benefit to purchase CPAP supplies?

A: No. CPAP supplies should be covered under the DME benefit through the plan. You should not need to use your OTC dollars for those supplies, and they would not be covered as part of the over-the-counter benefit.

Q: How does Samaritan Advantage decide which OTC items are eligible?

A: We follow the guidelines from the Center for Medicare and Medicaid Services (also known as CMS) for what is and is not eligible to be covered by the OTC benefit. We have an OTC list that has categories of items that are considered eligible, dual purpose and ineligible. Each category has examples of items that are most likely to pay in the retail setting. You can also choose to use our [online catalog](#). There you will find items available that our vendor has been able to source for you. You can order through this online option. Order online at samaritanOTC.com.

Q: I went to a local Walgreens and bought a series of products marked as OTC-eligible but at checkout, only one was covered. Why?

A: The items that Walgreens has tagged as OTC-eligible are more for a flexible spending account program that people would have through a commercial insurer or their employer's insurance. Most of those items are not necessarily ones that are covered as a Medicare over-the-counter benefit. Also, some brand items work better when making retail purchases because of the technology behind the card. Generic items tend to not be as consistent because a store may not have updated its system to indicate that this generic item is eligible. We are working with our card vendor and looking for ways to improve that experience for you in the future.

Q: Is the Benefits Mastercard a debit card or a credit card?

A: Your Benefits Mastercard does work as a credit card. You do have an option to select a

pin if you would like one to use it as debit, but you certainly don't have to. If you do want to have a pin for your card, you must request that through the **MyHealthPlan** portal yourself. For security purposes, there is no way for us to request a pin for you and share it with you. Please note: Nobody should know your PIN other than you.

Q: What if I use a different product of an item than is in the catalog? For example, my eye doctor recommends Refresh Advanced Eye Solution, but the card only allows Refresh Tears. Can this be changed?

A: Yes. The list of examples is not meant to be all inclusive. If it is in the same kind of category of an item that is covered, then it would still be a covered item.

Q: Do I have to go to the pharmacy or can I use the Benefits Mastercard to pay at self-checkout or regular checkout? Can I use any register at the store?

A: It is possible that a store may have the technology loaded on a specific register. Sometimes their pharmacy department has different systems on their register that may be different from the front end of the store, but we haven't heard about many issues. In general, you should be able to use any register in the store to make those purchases.

Q: What is the process for reimbursement for items that are typically purchased using the Benefits Mastercard? Is there a form available on the SHP website?

A: You can access the **Benefits Mastercard Reimbursement Claim Form** on our website at samhealthplans.org/AdvantageMemberForms. Fill out the form and attach the receipt for the item(s) you bought. Make sure the receipt has all the information about the item you purchased. Mail this form and the required documentation to Employee Benefits Corporation, PO Box 44347, Madison, WI 53744-4347. You can choose if you would like to have that reimbursement sent to you as a check or to have it deposited directly into your bank account if you provide that information.

Q: How can I check the balance on my Benefits Mastercard?

A: Login to the **MyHealthPlan** portal at the top of the samhealthplans.org homepage. Once inside the portal, click on Benefits Card login to view your balance. You can also check your balance 24/7 by calling **888-831-4668**.

Q: Can you ask the vendor to make the Benefits Mastercard and Rewards & Incentives Mastercard different colors?

A: We are actively talking to them about options to make identifying the cards easier since we realize they look very similar. More to come on this.