



Samaritan Advantage Health Plans
2024 Summary of Benefits

Samaritan Advantage Valor (HMO)

This document is available in other formats such braille, large print, audio or in non-English languages. To request a copy, call us at 800-832-4580 (TTY 800-725-2900).

2024 Samaritan Advantage 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.

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 Advantage Valor).

Tips for comparing your Medicare choices

This booklet will give you a summary of what Samaritan Advantage Valor (HMO) 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](https://www.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](https://www.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.

Hours of operation & contact information

- 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.
- Call us toll-free at **866-747-5267** (TTY **800-735-2900**) or **541-768-4550**.
- Visit our website at samhealthplans.org/Medicare.

Who can join?

To join Samaritan Advantage Valor, 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.

Which doctors, hospitals and pharmacies can I use?

Samaritan Advantage Valor has an extensive network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You can view our provider directory and use our online tool to search for in-network providers at 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 Advantage Health Plan 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.

If you have any questions about these plan's benefits or costs, please contact Samaritan Advantage Health Plans at 866-747-5267 (TTY 800-735-2900) or 541-768-4550 for details.

Samaritan Advantage Valor (HMO)

Monthly premium, deductible, and limits on how much you pay for covered services

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| Monthly Plan Premium | \$5 per month. In addition, you must keep paying your Medicare Part B premiums. |
| Deductible | Medical Deductible: Not Applicable. |
| Maximum Out-of-Pocket Responsibility | Your maximum yearly out-of-pocket costs for this plan: <ul style="list-style-type: none"> • \$5,200 for in-network covered Medicare Part A and Part B services. |

Covered medical and hospital benefits

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| <p>Inpatient Hospital</p> <p><i>Prior Authorization is required for inpatient hospital care (including inpatient rehabilitation care).</i></p> <p><i>Prior Authorization is required for labor and delivery stay greater than 96 hours.</i></p> <p><i>Prior Authorization is required for newborn stay greater than 96 hours.</i></p> | <p>Gold Tier Providers: Days 1-5: \$375 copay per day. Days 6-90: \$0 copay per day.</p> <p>Silver Tier Providers: Days 1-5: \$450 copay per day. Days 6-60: \$45 copay per day. Days 61-90: \$0 copay per day.</p> |
| <p>Outpatient Hospital</p> <p><i>Prior Authorization is required for elective/planned surgeries performed in an operating room, surgical suite, or hospital.</i></p> <p><i>Prior Authorization is required for spinal injections for pain management.</i></p> | <p>Gold Tier Providers: Outpatient hospital services: \$375 copay per surgery. Medicare-covered podiatry services: \$35 copay per service.</p> <p>Silver Tier Providers: Outpatient hospital services: \$475 copay per service. Medicare-covered podiatry services: \$45 copay per service.</p> |
| <p>Ambulatory Surgical Center</p> <p><i>Prior Authorization is required for elective/planned surgeries performed in an Ambulatory Surgery Center (ASC).</i></p> <p><i>Prior Authorization is required for spinal injections for pain management.</i></p> | <p>Gold Tier Providers: \$325 copay per service.</p> <p>Silver Tier Providers: \$400 copay per service.</p> |

Samaritan Advantage Valor

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| <p>Doctor's Office Visits <i>Prior Authorization is required for spinal injections for pain management.</i></p> | <p>Gold Tier Providers: Primary care physician visit: \$10 copay. Specialist visit: \$35 copay.</p> <p>Silver Tier Providers: Primary care physician visit: \$20 copay. Specialist visit: \$45 copay.</p> <p>Supplemental Benefit: \$0 copay for telehealth visits with a primary care physician.</p> |
| <p>Preventive Care (See the Evidence of Coverage for benefit details.)</p> | <p>You pay nothing for all preventive services covered under Original Medicare. Any additional preventive services approved by Medicare during the contract year will be covered.</p> |
| <p>Emergency Care</p> | <p>Nationwide coverage: \$100 copay per Medicare-covered visit. If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Worldwide coverage: \$100 copay per visit. If you are admitted to the hospital, you do not have to pay your share of the cost for emergency care.</p> |
| <p>Urgently Needed Services</p> | <p>Nationwide coverage: \$35 copay per visit. Worldwide coverage: Not covered.</p> |
| <p>Diagnostic Services / Labs / Imaging <i>Prior Authorization is required for:</i></p> <ul style="list-style-type: none"> • <i>MRA and MRI of the breast, cervical, lumbar, and thoracic regions only.</i> • <i>PET, CTA coronary and virtual colonoscopies;</i> • <i>Capsule/wireless endoscopies and motility monitoring studies; and</i> • <i>Genetic testing services, except standard prenatal testing.</i> | <p>Diagnostic tests and procedures: \$5 copay. Lab services: \$5 copay. Diagnostic Radiology Services (such as MRI, CAT Scan): 20% coinsurance. X-rays: \$15 copay. Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance.</p> |

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| <p>Hearing Services</p> | <p>Medicare-covered exam: \$40 copay.</p> <p>Supplemental Benefits: Routine hearing exam (up to 1 exam every calendar year): \$30 copay.</p> |
| <p>Dental Services <i>Prior Authorization is required for Medicare-covered dental.</i></p> | <p>Medicare-covered: \$20 copay.</p> <p>Supplemental Benefits: \$500 combined benefit limit for preventive and comprehensive dental services. Easily pay for these services with our benefits MasterCard. (Orthodontia is not covered.)</p> |
| <p>Vision Services</p> | <p>Medicare-covered exam to diagnose and treat diseases and conditions of the eye: \$40 copay. Eyeglasses or contact lenses after cataract surgery: \$0 copay.</p> <p>Supplemental Benefits: Routine eye exam (up to 1 visits every calendar year): \$20 copay. Eye wear: \$125 benefit limit every calendar year for contact lenses, or eyeglasses (frames, lenses and upgrades). Easily pay for these services with our benefits MasterCard.</p> |
| <p>Mental Health Care <i>Prior Authorization is required for day treatment and electroconvulsive therapy.</i></p> | <p>Outpatient group therapy visit: \$20 copay. Individual therapy visit: \$20 copay. Inpatient Mental Health Care: \$500 copay per stay.</p> |
| <p>Skilled Nursing Facility (SNF) <i>Prior Authorization is required.</i></p> | <p>Days 1-20: \$0 copay per day. Days 21-45: \$180 copay per day. Days 46-100: \$0 copay per day.</p> |
| <p>Physical Therapy</p> | <p>\$30 copay per visit.</p> |
| <p>Ambulance</p> | <p>Ground Ambulance: \$250 copay. Air Ambulance: 20% coinsurance. Cost-sharing applies for one-way trips.</p> |
| <p>Transportation</p> | <p>Unlimited trips to any health-related location.</p> |

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| <p>Medicare Part B Drugs</p> <p><i>Prior authorization is required for some high cost infused/injected drugs. Please see the Drugs Prior Authorization List to determine which Part B drugs require prior authorization. The list is located on our website at samhealthplans.org/find-a-drug.</i></p> | <p>For Part B drugs such as chemotherapy drugs: 20% coinsurance.</p> <p>Other Part B drugs: 20% coinsurance.</p> <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>Acupuncture</p> | <p>Medicare-covered acupuncture: \$20 copay per visit.</p> <p>Routine Acupuncture: \$20 copay per visit. (We cover up to 30 supplemental visits per calendar year.)</p> |
| <p>Annual Physical Exam</p> | <p>\$0 copay for a supplemental annual physical exam.</p> |
| <p>Cardiac and Pulmonary Rehabilitation Services</p> | <p>Cardiac rehabilitation services: \$10 copay per visit.</p> <p>Pulmonary rehabilitation services: \$10 copay per visit.</p> <p>Supervised exercise therapy: \$10 copay per visit.</p> |
| <p>Chiropractic Services</p> | <p>Medicare-covered (manual manipulation to correct subluxation): \$20 copay per visit.</p> <p>Supplemental Benefit: Routine services: \$30 copay per visit. (We cover up to 5 routine visits per calendar year.)</p> |
| <p>Diabetes Self-Management Training, Diabetic Services and Supplies</p> <p><i>Prior Authorization is required for insulin pumps (with purchase or rental billed amount greater than \$500 or rental length greater than 3 months).</i></p> | <p>Diabetes monitoring supplies: \$0 copay.</p> <p>Diabetes self-management training: \$0 copay.</p> <p>Therapeutic shoes or inserts: \$0 copay.</p> |

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| <p>Durable Medical Equipment (DME and related supplies)</p> <p><i>Prior Authorization is required for items with billed amount greater than \$500 for purchase. Rental items with rental fee greater than \$500 per month or rental length greater than 3 months.</i></p> <p><i>Prior Authorization is required for all miscellaneous DME codes.</i></p> <p><i>Prior Authorization is required for enteral and parenteral nutrition</i></p> | <p>20% coinsurance.</p> |
| <p>Gym Membership and Fitness Programs</p> | <p>\$50 copay per year for the Silver&Fit Fitness Center Program.</p> <p>\$10 copay per year for the Silver&Fit Home Fitness Program.</p> |
| <p>Home Health Services</p> | <p>\$0 copay.</p> |
| <p>Over-The-Counter (OTC) Benefit</p> | <p>\$75 supplemental benefit limit every quarter for eligible over-the-counter items. Pay for eligible OTC items with our benefits MasterCard. Any unused amount does not carry over to the next quarter.</p> |
| <p>Personal Emergency Response System (PERS)</p> | <p>\$0 copay for a PERS.</p> |
| <p>Podiatry Services</p> | <p>\$35 copay per visit.</p> |
| <p>Prosthetic Devices and Related Supplies (braces, artificial limbs, etc.)</p> <p><i>Prior Authorization is required for prosthetics/orthotics with billed amount greater than \$500 for purchase.</i></p> | <p>20% coinsurance.</p> |

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 **866-747-5267** (TTY **800-735-2900**) or **541-768-4550**.

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 **866-747-5267** (TTY **800-735-2900**) or **541-768-4550** 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.

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, 2025.
- 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.



2300 NW Walnut Blvd., Corvallis, OR 97330
866-747-5267 (TTY 800-735-2900)

samhealthplans.org

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.