

Samaritan Advantage Special Needs Plan HMO

2012 SUMMARY OF BENEFITS

“Samaritan Advantage Special Needs Plan HMO has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2014. NCQA’s approval is based on a review of Samaritan Advantage Special Needs Plan HMO Model of Care and is an indicator of compliance with CMS requirements. NCQA’s approval is not an endorsement by CMS and/or NCQA of Samaritan Advantage Special Needs Plan HMO or the quality of service provided by Samaritan Advantage Special Needs Plan HMO. Samaritan Advantage Special Needs Plan HMO will still need to be approved each year by CMS in order to operate. If you have questions regarding our approval by the NCQA, please contact us at the customer service number listed above.”

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Samaritan Advantage Special Needs Plan (HMO SNP). Our plan is offered by SAMARITAN HEALTH PLANS, INC./Samaritan Advantage Health Plan, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call Samaritan Advantage Special Needs Plan (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It does not list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Samaritan Advantage Special Needs Plan (HMO SNP) and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Samaritan Advantage Special Needs Plan (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call Samaritan Advantage Special Needs Plan (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Samaritan Advantage Special Needs Plan (HMO SNP) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS Samaritan Advantage Special Needs Plan (HMO SNP) AVAILABLE?

The service area for this plan includes: Benton, Linn Counties, OR. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN Samaritan Advantage Special Needs Plan (HMO SNP)?

You can join Samaritan Advantage Special Needs Plan (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

However, individuals with End-Stage Renal Disease generally are not eligible to enroll in Samaritan Advantage Special Needs Plan (HMO SNP)

unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan. Please call the plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Samaritan Advantage Special Needs Plan (HMO SNP) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list, visit us at www.samhealth.org/SHPlans. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO IS NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Samaritan Advantage Special Needs Plan (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.samhealth.org/SHPlans. Our customer service number is listed at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Samaritan Advantage Special Needs Plan (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Samaritan Advantage Special Needs Plan (HMO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.samhealth.org/SHPlans.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare You.

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

* Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Samaritan Advantage Special Needs Plan (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Samaritan Advantage Special Needs Plan (HMO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if

you are selected. Contact Samaritan Advantage Special Needs Plan (HMO SNP) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Samaritan Advantage Special Needs Plan (HMO SNP) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.

- Inhalation and Infusion Drugs administered through DME.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Samaritan Advantage Health Plan for more information about Samaritan Advantage Special Needs Plan (HMO SNP).

Visit us at www.samhealth.org/SHPlans or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Pacific

Current and Prospective members should call toll-free (800)-832-4580 for questions related to the Medicare Advantage Program. (TTY/TDD (800)-735-2900).

Current and Prospective members should call locally (541)-768-4550 for questions related to the Medicare Advantage Program. (TTY/TDD (800)-735-2900).

Current and Prospective members should call toll-free (800)-832-4580 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-735-2900)

Current and Prospective members should call locally (541)-768-4550 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-735-2900)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

If you have any questions about this plan's benefits or costs, please contact Samaritan Advantage Health Plan for details.

SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
IMPORTANT INFORMATION		
1 - Premium and Other Important Information	The Medicare cost-sharing amount may vary based on your level of Medicaid eligibility.	General * Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services
	In 2011 the monthly Part B Premium was \$0 or \$96.40 and may change for 2012 and the annual Part B deductible amount was \$0 or \$162 and may change for 2012.*	** Please consult with your plan about cost sharing when receiving services from out-of-network providers.
		\$0 monthly plan premium in addition to your monthly Medicare Part B premium.*
	If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay	In-Network \$3,400 out-of-pocket limit for Medicare-covered

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
	more.	services.*
2 - Doctor and Hospital Choice	You may go to any doctor, specialist or hospital that accepts Medicare.	In-Network You must go to network doctors, specialists, and hospitals.
(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)		Referral required for network hospitals and specialists (for certain benefits).
INPATIENT CARE		
3 - Inpatient Hospital Care	In 2011 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1132 deductible* Days 61 - 90: \$283 per day* Days 91 - 150: \$566 per lifetime reserve day* These amounts may change for 2012.	In-Network Plan covers 90 days each benefit period.
(includes Substance Abuse and Rehabilitation Services)		In 2012 the amounts for each benefit period, \$0 or: Days 1 - 60: \$1,132 deductible* Days 61 - 90: \$283per day* Days 91 - 150: \$ 566 per lifetime reserve day*
	Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.	You will not be charged additional cost sharing for professional services
	Lifetime reserve days can only be used once.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
	A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital	

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
	deductible for each benefit period. There is no limit to the number of benefit periods you can have.	
4 - Inpatient Mental Health Care	<p>In 2011 the amounts for each benefit period were \$0 or:</p> <p>Days 1 - 60: \$1132 deductible*</p> <p>Days 61 - 90: \$283 per day*</p> <p>Days 91 - 150: \$566 per lifetime reserve day*</p> <p>These amounts may change for 2012.</p>	<p>In-Network</p> <p>In 2012 the amounts for each benefit period, \$0 or:</p> <p>Days 1 - 60: \$ 1,132 deductible*</p> <p>Days 61 - 90: \$ 283per day*</p> <p>Days 91 - 150: \$ 566 per lifetime reserve day*</p>
		You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.
	You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5 - Skilled Nursing Facility (SNF)	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day*</p> <p>Days 21 - 100: \$0 or \$141.50 per day*</p> <p>These amounts may change for 2012.</p>	<p>General</p> <p>Authorization rules may apply.</p>
(in a Medicare-certified skilled nursing facility)		<p>In-Network</p> <p>Plan covers up to 120 days each benefit period</p>
	100 days for each benefit period.	No prior hospital stay is required.

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
	A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	In 2012 the amounts for each benefit period are: \$0 or: Days 1 - 20: \$ 0 per day* Days 21 - 100: \$ 141.50 per day*
		You will not be charged additional cost sharing for professional services
		For Non-Medicare Supplemental SNF stays: Days 1 - 20: \$ 0 per day Days 21 - 100: \$ 141.50 per day
		For additional SNF days: Days 101 - 120: 20% of the cost per day
6 - Home Health Care	\$0 co-pay.	General Authorization rules may apply.
(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)		In-Network \$0 co-pay for Medicare-covered home health visits*
7 - Hospice	You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care.	General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.
	You must get care from a Medicare-certified hospice.	
OUTPATIENT CARE		
8 - Doctor Office Visits	0% or 20% coinsurance	General Authorization rules may apply.

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
		In-Network 0% or 20% of the cost for each primary care doctor visit for Medicare-covered benefits.*
		0% or 20% of the cost for each in-area, network urgent care Medicare-covered visit*
		0% or 20% of the cost for each specialist visit for Medicare-covered benefits.*
9 - Chiropractic Services	Supplemental routine care not covered	In-Network 0% or 20% of the cost for each Medicare-covered visit*
	0% or 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	20% of the cost for up to 5 supplemental routine visit(s) every year
		Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
10 - Podiatry Services	Supplemental routine care not covered.	In-Network 0% or 20% of the cost for each Medicare-covered visit*
	0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	Medicare-covered podiatry benefits are for medically necessary foot care.
11 - Outpatient Mental Health Care	0% or 40% coinsurance for most outpatient mental health services	General Authorization rules may apply.
	0% or 40% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization	In-Network 0% or 20% of the cost for each Medicare-covered individual therapy visit*

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
	Program.	
	"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor or therapist's office and is an alternative to inpatient hospitalization.	0% or 20% of the cost for each Medicare-covered group therapy visit*
		0% or 20% of the cost for each Medicare-covered individual therapy visit with a psychiatrist*
		0% or 20% of the cost for each Medicare-covered group therapy visit with a psychiatrist*
		0% or 20% of the cost for Medicare-covered partial hospitalization program services*
12 - Outpatient Substance Abuse Care	0% or 20% coinsurance	General Authorization rules may apply.
		In-Network 0% or 20% of the cost for Medicare-covered individual therapy visits*
		0% or 20% of the cost for Medicare-covered group visits*
13 - Outpatient Services/Surgery	0% or 20% coinsurance for the doctor's services	In-Network 0% or 20% of the cost for each Medicare-covered ambulatory surgical center visit*
	Specified co-payment for outpatient hospital facility services co-pay cannot exceed the Part A inpatient hospital deductible.	0% or 20% of the cost for each Medicare-covered outpatient hospital facility visit*
	0% or 20% coinsurance for ambulatory surgical center facility services	
14 - Ambulance Services	0% or 20% coinsurance	In-Network 0% or 20% of the cost for Medicare-covered

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
		ambulance benefits.*
(medically necessary ambulance services)		
15 - Emergency Care	0% or 20% coinsurance for the doctor's services	General \$0 or \$50 co-pay for Medicare-covered emergency room visits*
(You may go to any emergency room if you reasonably believe you need emergency care.)	Specified co-payment for outpatient hospital facility emergency services.	Worldwide coverage.
	Emergency services co-pay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.	If you are admitted to the hospital within 12-hour(s) for the same condition, you pay \$0 for the emergency room visit.
	You do not have to pay the emergency room co-pay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.	
	Not covered outside the U.S. except under limited circumstances.	
16 - Urgently Needed Care	0% or 20% coinsurance	General 0% or 20% of the cost for Medicare-covered urgently-needed-care visits*
(This is NOT emergency care, and in most cases, is out of the service area.)	NOT covered outside the U.S. except under limited circumstances.	
17 - Outpatient Rehabilitation Services	0% or 20% coinsurance	General Authorization rules may apply.
(Occupational Therapy, Physical Therapy, Speech and Language Therapy)		In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
		these limits.
		0% or 20% of the cost for Medicare-covered Occupational Therapy visits*
		0% or 20% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits*
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	0% or 20% coinsurance	General Authorization rules may apply. In-Network 0% or 20% of the cost for Medicare-covered items*
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	0% or 20% coinsurance	General Authorization rules may apply. In-Network 0% or 20% of the cost for Medicare-covered items*
20 - Diabetes Programs and Supplies	0% or 20% coinsurance for diabetes self-management training	In-Network \$0 co-pay for Diabetes self-management training*
	0% or 20% coinsurance for diabetes supplies	0% or 20% of the cost for Diabetes monitoring supplies*
	0% or 20% coinsurance for diabetic therapeutic shoes or inserts	0% or 20% of the cost for Therapeutic shoes or inserts*
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	0% or 20% coinsurance for diagnostic tests and x-rays	General Authorization rules may apply.
	\$0 co-pay for Medicare-covered lab services	In-Network 0% of the cost for Medicare-covered lab services*
	Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA)	0% or 0% to 20% of the cost for Medicare-covered diagnostic procedures and tests*

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
	certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.	
		0% or 20% of the cost for Medicare-covered X-rays*
		0% or 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays)*
		0% or 20% of the cost for Medicare-covered therapeutic radiology services*
22 - Cardiac and Pulmonary Rehabilitation Services	<p>0% or 20% coinsurance for Cardiac Rehabilitation services</p> <p>0% or 20% coinsurance for Pulmonary Rehabilitation services</p> <p>0% or 20% coinsurance for Intensive Cardiac Rehabilitation services</p>	<p>In-Network</p> <p>0% or 20% of the cost for Medicare-covered Cardiac Rehabilitation Services*</p>
	This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.	0% or 20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services*
		0% or 20% of the cost for Medicare-covered Pulmonary Rehabilitation Services*
PREVENTIVE SERVICES		
23 - Preventive Services and Wellness/Education Programs	No coinsurance, co-payment or deductible for the following:	<p>General</p> <p>\$0 co-pay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
		<ul style="list-style-type: none"> - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)
	<ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. \$0 co-pay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is 	<p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p>

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
	<p>covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> <ul style="list-style-type: none"> - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. - Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but are not on dialysis or have not had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease -Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. - Prostate Cancer Screening & Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. - Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. - Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the 	

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
	first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.	
		In-Network The plan covers the following supplemental education/wellness programs:
		- Written health education materials, including Newsletters
		- Additional Smoking Cessation
24 - Kidney Disease and Conditions	0% or 20% coinsurance for renal dialysis	In-Network 0% or 20% of the cost for renal dialysis*
	0% or 20% coinsurance for kidney disease education services	\$0 co-pay for kidney disease education services*
25 - Outpatient Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	Drugs covered under Medicare Part B General \$0 annual deductible for Part B-covered drugs.*
		0% or 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*
		Drugs covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.samhealth.org/SHPlans on the web.

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
		<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> -have limited incomes, -live in long-term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service) providers.
		<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>
		<p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p>
		<p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>
		<p>Some drugs have quantity limits.</p>
		<p>Your provider must get prior authorization from Samaritan Advantage Special Needs Plan (HMO SNP) for certain drugs.</p>
		<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
		If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
		In-Network You pay a \$0 annual deductible.
		<p>Initial Coverage Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 co-pay or - A \$1.10 co-pay or - A \$2.60 co-pay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 co-pay or - A \$3.30 co-pay or - A \$6.50 co-pay.
		Retail Pharmacy You can get drugs the following way(s):
		- one-month (34-day) supply
		- three-month (90-day) supply
		Not all drugs are available at this extended day supply. Please contact the plan for more information.
		Long Term Care Pharmacy You can get drugs the following way(s):
		- one-month (31-day) supply
		Mail Order You can get drugs the following way(s):

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
		- three-month (90-day) supply
		Not all drugs are available at this extended day supply. Please contact the plan for more information.
		<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay a \$0 co-pay.</p>
		<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Samaritan Advantage Special Needs Plan (HMO SNP).</p>
		You can get drugs the following way:
		- one-month (34-day) supply
		<p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by Samaritan Advantage Special Needs Plan (HMO SNP) up to the plan's cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 co-pay or - A \$1.10 co-pay or - A \$2.60 co-pay

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
		For all other drugs purchased out-of-network, either: - A \$0 co-pay or - A \$3.30 co-pay or - A \$6.50 co-pay.
		Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed in full for drugs purchased out-of-network.
26 - Dental Services	Preventive dental services (such as cleaning) not covered.	General Authorization rules may apply.
		In-Network In general, preventive dental benefits (such as cleaning) not covered.
		0% or 20% of the cost for Medicare-covered dental benefits*
27 - Hearing Services	Supplemental routine hearing exams and hearing aids not covered.	In-Network Hearing aids not covered.
	0% or 20% coinsurance for diagnostic hearing exams.	- 0% or 20% of the cost for Medicare-covered diagnostic hearing exams*
		- \$10 co-pay for up to 1 supplemental routine hearing exam(s) every year
28 - Vision Services	0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.	In-Network \$0 co-pay for - one pair of eyeglasses or contact lenses after cataract surgery *
	Supplemental routine eye exams and glasses not covered.	- up to 1 pair(s) of glasses every two years
	Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.	- up to 24 pair(s) of contacts every two years

Benefit	Original Medicare	Samaritan Advantage Special Needs Plan (HMO SNP)
	Annual glaucoma screenings covered for people at risk.	- 0% or 0% to 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.*
		- \$15 co-pay for up to 1 supplemental routine eye exam(s) every two years
		\$150 plan coverage limit for eye wear every two years.
Over-the-Counter Items	Not covered.	General The plan does not cover Over-the-Counter items.
Transportation (Routine)	Not covered.	In-Network This plan does not cover supplemental routine transportation.
Acupuncture	Not covered.	In-Network \$15 co-pay per visit up to 15 visit(s) every year

Medicaid covered services

In this section you can see a summary of the Medicaid benefits you may receive through the Oregon Health Plan. As long as you are eligible for the Oregon Health Plan and Medicare Parts A and B, the Medicaid Benefits Packages you can have through the Oregon Health Plan are the QMB + OHP Limited Drug Benefit Package or the OHP with Limited Drug Benefit Package. Please contact your State Medicaid case worker if you do not know which benefit package you have through the Oregon Health Plan.

This section does not list every Medicaid service covered or list every limitation or exclusion. To get a complete list of Medicaid benefits, please contact your Medicaid health plan Customer Services. **You must be eligible for the Oregon Health Plan, Medicaid in order to receive the benefits listed in this section.**

Oregon Health Plan (OHP) Medicaid benefit packages:

QMB + OHP with limited drug benefit package

This benefit package is for people who qualify to have their Medicare Parts A and B cost sharing paid for by Medicaid. If you receive the QMB + OHP with Limited Drug Benefit Package you get the benefits listed in the chart below.

The cost sharing amounts listed in Section II for the Medicare Parts A and B covered services are paid for you by your Medicaid health plan. Your provider cannot bill you for any amounts beyond what your Medicare and Medicaid plans pay.

You will still have to pay your Medicare Part D prescription drug cost sharing.

OHP with limited drug benefit package

This benefit package is for people who only qualify to have their Medicare Parts A and B cost sharing paid for by Medicaid for services normally covered by the Oregon Health Plan. If you receive the OHP with Limited Drug Benefit Package you get the benefits listed in the chart below.

The cost sharing amounts listed in Section II for Medicare Parts A and B covered services will be covered only for services that the Oregon Health Plan would normally cover. Your provider cannot balance bill you for any amounts beyond what your Medicare and Medicaid plans pay for services normally covered by the Oregon Health Plan.

If you receive a Medicare covered service that is not normally covered by the Oregon Health Plan you will have to pay the Medicare Parts A and B cost sharing yourself. See the last page for more information on services not covered by the Oregon Health Plan.

You will still have to pay your Medicare Part D prescription drug cost sharing.

On the next page is a list of services that are covered by the Oregon Health Plan Medicaid and InterCommunity Health Network (IHN), our Medicaid managed care plan (does not include every service available):

Important information

Benefit Category	Oregon Health Plan Medicaid (Member Costs)	Samaritan Intercommunity Health Network (Member Costs)
1 - Premium and Other Important Information	This is a brief summary. Please refer to OHP member handbook for a detailed description of Medicaid benefits available to eligible Oregonians.	All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.
2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	Allows patients to go to any provider that accepts Medicaid.	In-Network: You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits).

Inpatient care

Benefit Category	Oregon Health Plan Medicaid (Member Costs)	Samaritan Intercommunity Health Network (Member Costs)
3 - Inpatient Hospital Care	\$0 co-payment for Medicaid covered services.	In-Network: \$0 co-payment for Medicaid covered services.
4 - Inpatient Mental Health Care	\$0 co-payment for Medicaid covered services.	Contact your Mental Health Organization for details.
5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)		In-Network: For Medicaid covered SNF stays, Days 1 – 20, \$0 co-payment per day. Plan covers up to 20 days.
6 - Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)		In-Network: \$0 co-payment for Medicaid covered services.
7 – Hospice		In-Network: \$0 co-payment for Medicaid covered services.

Outpatient care

Benefit Category	Oregon Health Plan Medicaid (Member Costs)	Samaritan Intercommunity Health Network (Member Costs)
8 - Doctor Office Visits	\$3 co-payment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	In-Network: \$0 co-payment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
9 - Chiropractic Services	\$3 co-payment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	Generally not covered.
10 - Podiatry Services	\$3 co-payment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	In-Network: \$0 co-payment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
11 - Outpatient Mental Health Care	\$3 co-payment for Visits to a doctor or other healthcare provider	Contact your Mental Health Organization for details.
12 - Outpatient Substance Abuse Care		In-Network: \$0 co-payment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
13 - Outpatient Services/Surgery		In-Network: \$0 co-payment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
14 - Ambulance Services (medically necessary ambulance services)		In-Network: \$0 co-payment for Medicaid covered services.
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)		In-Network: \$0 co-payment for Medicaid covered services.
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)		In-Network: \$0 co-payment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	for Medicaid covered outpatient services.	In-Network: \$0 co-payment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services, if covered under your benefit plan.

Outpatient medical services and supplies

Benefit Category	Oregon Health Plan Medicaid (Member Costs)	Samaritan Intercommunity Health Network (Member Costs)
18 - Durable Medical Equipment	\$0 co-payment for Medicaid covered services.	In-Network: \$0 co-payment for Medicaid covered services.
19 - Prosthetic Devices	\$0 co-payment for Medicaid covered services.	In-Network: \$0 co-payment for Medicaid covered services.
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies	\$0 co-payment for Medicaid covered services.	In-Network: \$0 co-payment for Medicaid covered services.
21 - Diagnostic Tests, X-Rays, and Lab Services	\$0 co-payment for Medicaid covered services.	In-Network: \$0 co-payment for Medicaid covered services.

Preventive services

Benefit Category	Oregon Health Plan Medicaid (Member Costs)	Samaritan Intercommunity Health Network (Member Costs)
22 - Bone Mass Measurement	\$3 co-payment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	In-Network: \$0 co-payment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
23 - Colorectal Screening Exams	\$3 co-payment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	In-Network: \$0 co-payment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
24 – Immunizations	\$0 co-payment for Medicaid covered services.	In-Network: \$0 co-payment for Medicaid covered services.
25 - Mammograms (Annual Screening) Covered annually under Medicaid	\$0 co-payment for Medicaid covered services.	In-Network: \$0 co-payment for Medicaid covered services.
26 - Pap Smears and Pelvic Exams Covered annually under Medicaid	\$3 co-payment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services. \$0 co-payment for Medicaid covered pap smears services	In-Network: \$0 co-payment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services. \$0 co-payment for Medicaid covered pap smears services.
27 - Prostate Cancer Screening Exams	\$3 co-payment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	In-Network: \$0 co-payment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
28 - End-Stage Renal Disease	\$3 co-payment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	In-Network: \$0 co-payment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
29 - Prescription Drugs	\$0 co-payment for preferred generic and preferred brand-name	PART D MEDICATIONS

Preventive services

Benefit Category	Oregon Health Plan Medicaid (Member Costs)	Samaritan Intercommunity Health Network (Member Costs)
	<p>drugs</p> <p>\$1 - \$3 co-payment for certain generic drugs and non-preferred brand name drugs.</p> <p>Mental Health Drugs are covered by the State and not your</p>	<p>- Covered by your Medicare health plan (See Section II for details)</p> <p>PART B MEDICATIONS</p> <p>- You pay \$0 yearly deductible for Part B-covered drugs.</p> <p>In-Network: \$0 co-payment for Medicaid covered service (not including Part B-covered chemotherapy drugs). Prior Authorization rules may apply</p> <p>\$0 co-payment for Medicaid covered service for Part B-covered chemotherapy drugs. Prior Authorization rules may apply</p> <p>MEDICAID COVERED MEDICATIONS -</p> <ul style="list-style-type: none"> ● Over-the-Counter drugs when accompanied by a prescription ● Benzodiazepine and Barbiturate drugs when accompanied by a prescription ● Drugs when used for the symptomatic relief of cough or colds when accompanied by a prescription ● Vitamins and Minerals when accompanied by a prescription <p>MENTAL HEALTH DRUGS ARE NOT COVERED BY SAMARITAN INTERCOMMUNITY HEALTH NETWORK.</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.samhealth.org/SHPlans on the web.</p>
<p>30 - Dental Services</p>		<p>Contact your Dental Care Organization for details.</p>
<p>31 - Hearing Services</p>	<p>for Medicaid covered outpatient services.</p>	<p>In-Network: \$0 co-payment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services.</p>

Preventive services

Benefit Category	Oregon Health Plan Medicaid (Member Costs)	Samaritan Intercommunity Health Network (Member Costs)
32 - Vision Services	\$3 co-payment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	In-Network: \$0 co-payment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services. Routine vision is limited to children and pregnant adults only.
33 - Physical Exams		In-Network: \$0 co-payment for visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
34 - Health/Wellness Education		Inquire with the Plan for information regarding specific health/wellness education benefits.
<p>35 – Other Non-Covered Medicare Services that will be covered by the Oregon Health Plan:</p> <p>Preventative Services</p> <ul style="list-style-type: none"> ● Maternity Case Management, including nutritional counseling. ● Maternity and Newborn care ● Well-child exams and immunizations <p>Family Planning Services:</p> <ul style="list-style-type: none"> ● Including birth control pills, condoms, contraceptive implants, and Depo-Provera ● Sterilizations <p>Other Oregon Health Plan Services:</p> <ul style="list-style-type: none"> ● Death with dignity services * ● Abortions * <p><u>*Please Note:</u> these services are covered by the State and not by your Medicaid managed care health plan.</p>	immunization and family planning services	<p>In-Network: \$0 co-payment for Medicaid covered Preventative and Family Planning services.</p> <p>\$0 co-payment for Medicaid covered x-ray, lab, routine immunization and family planning services</p> <p>SERVICES NOT COVERED BY SAMARITAN INTERCOMMUNITY HEALTH NETWORK:</p> <ul style="list-style-type: none"> ● Death with dignity services ● Abortions

Services that are not covered by the Oregon Health Plan Medicaid (EXCLUSIONS):

Not all medical treatments are covered. When you need medical treatment, contact your Primary Care Provider. These are some of the exclusions (does not include every exclusion):

- Medicare Part D covered prescription drugs
- Conditions where a “home” treatment is effective, such as applying an ointment, resting a painful joint, drinking plenty of fluids, or a soft diet. Such conditions include:
 - Canker sores
 - Diaper rash
 - Corns/calluses
 - Sunburn
 - Food poisoning
 - Sprains
- Personal comfort or convenience items (radios, telephones, hot tubs, treadmills, etc.)
- Services that are primarily cosmetic, such as:
 - Benign skin tumors
 - Cosmetic surgery
 - Removal of scars
- Conditions where treatment is not normally effective, such as:
 - Some back surgery
 - TMJ surgery
 - Some transplants
- Services performed by an immediate relative or member of your household
- Any services received outside the United States
- Non-emergency care if you go to a provider who is not an IHN provider.
- Other non-covered services include, but are not limited to, the following:
 - Circumcision (routine)
 - Weight loss program
 - Infertility services

If you have questions about covered or non-covered services, contact your Medicaid health plan Customer Service.



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