Samaritan Health Plans



Samaritan Advantage Health Plans

2027 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). We accept relay calls.

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). Aceptamos todas las llamadas de retransmisión.



Samaritan Advantage
2027 Summary of Benefits

This summary does not include all covered services. It also does not include all limits or services that are not covered. For more information, see the Evidence of Coverage (EOC) available on our website at **samhealthplans.org/Medicare**.

For more information about Medicaid benefits, 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 for how to get your Medicare benefits

One choice is Original Medicare (fee-for-service Medicare). Original Medicare is run by the Federal government.

Another choice is to join a Medicare Advantage 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. You can also 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**. If you want a copy, call **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 have Medicare Part A and Part B, have the Oregon Health Plan (Medicaid), and live in our service area. Our service area includes Benton, Lincoln, and Linn counties in Oregon.

You can join this plan if you are in one of these Medicaid groups:

- **Qualified Medicare Beneficiary (QMB)**
  QMB helps pay for your Medicare Part A and Part B costs like premiums and other costs you may have to pay. Other costs include deductibles, coinsurance, and copayments. Some people with QMB also qualify for full Medicaid benefits. This is called QMB+.
- **Specified Low-Income Medicare Beneficiary (SLMB)**
  SLMB helps pay your Medicare Part B premium. Some people with SLMB also qualify for full Medicaid benefits. This is called SLMB+.

Which doctors, hospitals and pharmacies can I use?

Samaritan Dual Advantage works with many doctors, hospitals, pharmacies and other health care providers.

To get the most coverage, you should use providers in our network. If you use a provider that is not in our network, the plan may not pay for those services. You can find network providers on our website at **samhealthplans.org/advantageproviders**.

You should use a network pharmacy to fill prescriptions for covered Medicare Part D drugs. You can find network pharmacies on our website at **samhealthplans.org/advantagepharmacy**.

Providers who are not in our network do not have to accept Samaritan Dual Advantage members, except during an emergency.

For more information, call Customer Service or read the "Evidence of Coverage". It explains the costs you may have to pay when you get care outside the network.

Dual eligibility

If you have Medicare and full Medicaid coverage, most of your health care costs are covered.

You will get your Part D prescription drugs through Medicare. You will also automatically qualify for **Extra Help** to pay for some or all of 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. Medicaid may cover medical costs that Medicare does not cover or only partially covers. 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	Up to $6.30. 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.
Plan deductible	**Medical Deductible:** Up to $283. The amount you pay is based on your Medicaid eligibility and the level of **Extra Help** you receive. This is the 2026 medical deductible amount and may change for 2027. Our plan will notify you as soon as rates are released. **Prescription drug deductible:** $700. The amount you pay is based on your Medicaid eligibility and the level of **Extra Help** you receive. A plan deductible is the amount you pay for Medicare-covered benefits before the health plan begins to pay, too.
Maximum out-of-pocket	Up to $9,850. 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.

Medical and hospital benefits

Benefit	Your Cost
Inpatient Hospital	**Samaritan Dual Advantage:** • $ 1,736 deductible for each benefit period. • 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 These are the 2026 amounts and may change for 2027. Our plan will notify you as soon as rates are released. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services. **Prior Authorization is required for:** • Inpatient hospital care (including inpatient rehabilitation care). • Labor and delivery stay greater than 96 hours. • Newborn stays greater than 96 hours.
Outpatient Hospital	**Samaritan Dual Advantage:** • Outpatient hospital services: 20% coinsurance per surgery. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services. **Prior Authorization is required for:** • Elective/planned surgeries performed in an operating room, surgical suite, or hospital. • Spinal injections for pain management.

Benefit	Your Cost
Ambulatory Surgical Center (ASC)	**Samaritan Dual Advantage:** • 20% coinsurance per service. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services. **Prior Authorization is required for:** • Elective/planned surgeries performed in an ASC. • Spinal injections for pain management.
Doctor Visits	**Samaritan Dual Advantage:** • Primary care physician visit: 20% coinsurance. • Specialist visit: 20% coinsurance. • $0 copay for supplemental primary care or specialist telehealth visit. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services.
Preventive Care	**Samaritan Dual Advantage:** • $0 copay for all preventive services covered under Original Medicare. Any additional preventive services approved by Medicare during the contract year will be covered. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services. See the **Evidence of Coverage** for benefit details.

Benefit	Your Cost
Emergency Care	**Samaritan Dual Advantage:** • Nationwide coverage: 20% coinsurance (up to $115) per Medicare-covered visit. • Worldwide supplemental coverage: $115 copay per visit. If you are admitted to the hospital within 24 hours, you do not have to pay your copay for emergency care. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services.
Urgently Needed Services	**Samaritan Dual Advantage:** • Nationwide coverage: 20% coinsurance (up to $40) per Medicare-covered visit. • Worldwide coverage: Not covered. • $0 copay for supplemental urgent care telehealth visit. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services.
Diagnostic Services / Labs / Imaging	**Samaritan Dual Advantage:** • Lab services: 20% coinsurance • Diagnostic tests and procedures: 20% coinsurance. • MRI, CAT Scan: 20% coinsurance. • X-rays: 20% coinsurance. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services. --- **Prior Authorization is required for:** • 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	**Samaritan Dual Advantage:** • Medicare-covered: 20% coinsurance per diagnostic exam. • Hearing aids and supplies: This benefit is part of an annual $500 supplemental combined benefit limit. This can be used for hearing aids and supplies, preventive and comprehensive dental services, and routine vision hardware. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services.
Dental Services	**Samaritan Dual Advantage:** • Medicare-covered: 20% coinsurance. • Extra dental services: This benefit is part of an annual $500 combined benefit limit. This can be used for preventive and comprehensive dental services, routine vision hardware, and hearing aids and supplies. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services. Please contact your Dental Care Organization (DCO) for details. **Prior Authorization is required for:** • Medicare-covered dental.

Benefit	Your Cost
Vision Services	**Samaritan Dual Advantage:** • $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): $10 copay. • Eye wear: This benefit is part of an annual $500 combined benefit limit. This can be used for routine vision hardware, preventive and comprehensive dental services, and hearing aids and supplies. Coverage includes contact lenses or eyeglasses (includes upgrades). **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services.
Mental Health Care	**Samaritan Dual Advantage:** • Individual or group therapy sessions: 20% coinsurance. • Inpatient mental health facility: $1,736 deductible for each benefit period. • 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 These are 2026 rates and may change for 2027. Our plan will notify you as soon as rates are released. • $0 copay for supplemental mental health telehealth visits. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services. **Prior Authorization is required for:** • Inpatient and subacute care. • Intensive day treatment/partial hospitalization. • Electroconvulsive therapy.

Benefit	Your Cost
Skilled Nursing Facility (SNF)	**Samaritan Dual Advantage:** • Our plan covers up to 100 days in a SNF. • Days 1 – 20 — $0 copay per day • Days 21 – 100 — $217 copay per day • Days 101 and beyond — You pay all costs These are 2026 rates and may change for 2027. Our plan will notify you as soon as rates are released. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services. Medicaid covers up to 20 days in a SNF. **Prior Authorization is required.**
Physical Therapy	**Samaritan Dual Advantage:** • 20% coinsurance per visit. • $0 copay for supplemental physical therapy telehealth visits. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services.
Ambulance	**Samaritan Dual Advantage:** • Ground Ambulance: 20% coinsurance. • Air Ambulance: 20% coinsurance. • Cost-sharing applies for one-way trips. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services.
Transportation	**Samaritan Dual Advantage:** • This is not a covered benefit. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered non-emergent medical transportation.

Benefit	Your Cost
Medicare Part B Drugs	**Samaritan Dual Advantage:** • Part B chemotherapy drugs: 20% coinsurance. • Other Part B drugs: 20% coinsurance. Some Part B drugs may have less than a 20% coinsurance. CMS will release a list of these drugs quarterly. You won't pay more than $35 for a one-month supply of an insulin product covered under the Part B drug benefit. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered Part B drugs. Mental health drugs are covered by the state and not your Medicaid managed care health plan. --- **Prior authorization is required for:** • Some high cost infused/injected drugs. Please see the plan formulary to determine which Part B drugs require prior authorization. Our plan has Part B step therapy. You may have to try a different Part B or Part D drug before we will approve certain Part B drugs. Please see the 'Part B Drugs Requiring Step Therapy' document on our website for more information.
Acupuncture	**Samaritan Dual Advantage:** • Medicare-covered acupuncture services: 20% coinsurance. • Routine Acupuncture: $10 copay per visit. (We cover up to 30 supplemental visits per calendar year.) **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services. --- **Prior Authorization is required by Medicaid for:** • Visits beyond 30 per calendar year.

Benefit	Your Cost
Annual Physical Exam	**Samaritan Dual Advantage:** • $0 copay for a supplemental annual physical exam. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services.
Cardiac and Pulmonary Rehabilitation Services	**Samaritan Dual Advantage:** • 20% coinsurance. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services.
Chiropractic Services	**Samaritan Dual Advantage:** • Medicare-covered (manual manipulation of the spine to correct a subluxation): 20% coinsurance. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services.
Diabetes Services and Supplies	**Samaritan Dual Advantage:** • $0 copay for diabetes self-management training. • Diabetes monitoring supplies: 20% coinsurance. When purchased at a pharmacy, our plan only covers Accu-Chek and Contour test strips and standard glucose meters. • Therapeutic shoes or inserts: 20% coinsurance. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services and supplies. **Prior Authorization is required for:** • 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	**Samaritan Dual Advantage:** • 20% coinsurance. Continuous Glucose Monitors (CGMs) are considered DME and subject to DME cost sharing. When purchased at a pharmacy, our plan only covers FreeStyle Libre and Dexcom brand CGMs. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered DME and related supplies. --- **Prior Authorization is required for:** • Items with billed amounts 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	**Samaritan Dual Advantage:** • $0 copay for supplemental Silver&Fit Healthy Aging and Exercise Program® (includes the Fitness Center Program and Home Fitness Program). **Oregon Health Plan (Medicaid):** • Not covered.
Home Health Services	**Samaritan Dual Advantage:** • $0 copay for Medicare-covered services. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services.

Benefit	Your Cost
Over-the-Counter (OTC) Benefit	**Samaritan Dual Advantage:** • $30 supplemental benefit limit every quarter for eligible over-the-counter items. Any unused amount does not carry over to the next quarter. **Oregon Health Plan (Medicaid):** • Some OTC drugs are covered at a pharmacy with a doctor's prescription.
Personal Emergency Response System (PERS)	**Samaritan Dual Advantage:** • $0 copay for a PERS. **Oregon Health Plan (Medicaid):** • Not covered.
Podiatry Services	**Samaritan Dual Advantage:** • 20% coinsurance. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services.
Prosthetic Devices and Related Supplies (e.g., braces, artificial limbs, etc.)	**Samaritan Dual Advantage:** • 20% coinsurance. **Oregon Health Plan (Medicaid):** • $0 copay for Medicaid-covered services. --- **Prior Authorization is required for:** • Prosthetics/orthotics with billed amount greater than $600 for purchase.



Part D prescription drug benefits

Deductible phase

You have a $700 deductible for drugs on tier 1, 2, 3, 4, and 5. Exceptions include covered insulin products and most adult Part D vaccines.

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: $5.80 or 25% coinsurance (whichever is less)
    Brand/all other drugs: $14.40 or 25% coinsurance (whichever is less)
  - LIS Level 2: Generic/multi-source drugs: $1.65 or 25% coinsurance (whichever is less)
    Brand/all other drugs: $5.00 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: $17.40 or 25% coinsurance (whichever is less)
    Brand/all other drugs: $43.20 or 25% coinsurance (whichever is less)
  - LIS Level 2: Generic/multi-source drugs: $4.95 or 25% coinsurance (whichever is less)
    Brand/all other drugs: $15.00 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.

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 $2,400.

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 $2,400. 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.



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samhealthplans.org/Medicare

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