

# **SUMMARY OF BENEFITS**

Samaritan Advantage Special Needs Plan (HMO)



**2020**

## INTRODUCTION TO 2020 SUMMARY OF BENEFITS

The benefit information provided here does **not** list every Medicare or Medicaid service that we cover or every limitation or exclusion. For details on Medicare services, see the Evidence of Coverage (EOC), which we will send you after you enroll. If you would like to see the EOC before you enroll, you can go to <https://medicare.samhealthplans.org>. For details on Medicaid coverage, please see your Oregon Health Plan and/or Inter-Community Health Plan Coordinated Care Organization (IHN-CCO) handbook(s).

### 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 managed directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Samaritan Advantage Special Needs Plan).

### Tips for comparing your Medicare choices

This booklet will give you a summary of what Samaritan Advantage Special Needs Plan 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 <http://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 <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Sections in this booklet

- Things to Know About Samaritan Advantage Special Needs Plan
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille, large print or audio.

This document may be available in a non-English language. For additional information, call us at 1-800-832-4580 (TTY: 1-800-735-2900).

## INTRODUCTION TO 2020 SUMMARY OF BENEFITS

### SECTION I - THINGS TO KNOW ABOUT SAMARITAN ADVANTAGE SPECIAL NEEDS PLAN (HMO D-SNP)

#### Hours of Operation

- From October 1 to March 31 we are open from 8:00 a.m. – 8:00 p.m. local time, 7 days a week.
- From April 1 to September 30, we are open from 8:00 a.m. – 8:00 p.m. local time, Monday through Friday.

#### Samaritan Advantage Special Needs Plan Phone Numbers and Website

- Call us at: 541-768-4550, or toll-free at 1-800-832-4580, TTY: 1-800-735-2900.
- Visit our website: <https://medicare.samhealthplans.org>.

#### Who can join?

To join Samaritan Advantage Special Needs Plan, you must be enrolled in Medicare Part A and Medicare Part B, and you must live in our service area. Our service area includes these counties in Oregon: Benton, Lincoln and Linn.

In addition, to be eligible to join the Samaritan Advantage Special Needs Plan you must be enrolled in the Oregon Health Plan (Medicaid).

#### Which doctors, hospitals, and pharmacies can I use?

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

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can view our pharmacy directory and use our online tool to search for in-network providers at our website <https://medicare.samhealthplans.org>, or, call Customer Service to request a copy.

Out-of-network/non-contracted providers are under no obligation to treat Samaritan Advantage Special Needs 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 this plan’s benefits or costs, please contact Samaritan Advantage Special Needs Plan 1-800-832-4580, (TTY: 1-800-735-2900) for details.**

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### Samaritan Advantage Special Needs Plan (HMO D-SNP)

#### SECTION II - MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

<b>Monthly Plan Premium</b>	\$32.60 per month. In addition, you must continue to pay or have the State pay for your Medicare Part B premium.
<b>Deductible</b>	Medical Deductible: Not applicable. Prescription drug deductible: \$435.
<b>Maximum Out-of-Pocket Responsibility</b>	Your yearly limit(s) in this plan: <ul style="list-style-type: none"><li>• \$3,750 for services you receive from in-network providers.</li></ul> Does not include Medicare Part D drugs.

#### SECTION III - COVERED MEDICAL AND HOSPITAL BENEFITS

<b>Inpatient Hospital</b> <i>Prior Authorization is required for inpatient hospital care (including inpatient rehabilitation care).</i> <i>Prior Authorization requirements for childbirth are in accordance with the Newborns' and Mothers' Health Protection Act.</i>	<b><u>Samaritan Advantage Special Needs Plan:</u></b> \$1,408 deductible for each benefit period. \$0 copay per day for days 1 through 60. \$352 copay per day for days 61 through 90. \$704 copay per day for 60 lifetime reserve days for days 91 and beyond. <b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.
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<p><b>Ambulatory Surgery Center</b> <i>Prior Authorization is required.</i></p>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> Medicare-covered: 20% coinsurance per surgery.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.</p>
<p><b>Outpatient Hospital</b> <i>Prior Authorization is required.</i></p>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> Outpatient hospital surgery: 20% coinsurance per surgery.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.</p>
<p><b>Doctor's Office Visits</b></p>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> Primary care physician visit: 20% coinsurance. Specialist visit: 20% coinsurance.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.</p>
<p><b>Preventive Care</b> (See the Evidence of Coverage for benefit details.)</p>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> \$0 copay for all preventive services covered under Original Medicare. Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.</p>

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<b>Emergency Care</b>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> Nationwide coverage: \$90 copay per Medicare-covered visit. Worldwide supplemental coverage: \$90 copay per visit. If you are admitted to the hospital within 12 hours, you do not have to pay your copay for emergency care.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.</p>
<b>Urgently Needed Services</b>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> Nationwide coverage: 20% coinsurance per Medicare-covered visit. Worldwide coverage: Not covered.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.</p>
<b>Diagnostic Services/Labs/Imaging</b> <i>Prior Authorization is required for:</i> <ul style="list-style-type: none"><li>• <i>MRI, PET, CTA coronary, and virtual colonoscopies;</i></li><li>• <i>Capsule/wireless endoscopies and motility monitoring studies;</i></li><li>• <i>Genetic testing services, except standard prenatal testing; and</i></li><li>• <i>Urine drug tests after 12 units per year.</i></li></ul>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> \$0 copay for lab services. Diagnostic tests and procedures: 20% coinsurance. MRI, CAT Scan: 20% coinsurance. X-rays: 20% coinsurance.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.</p>

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<b>Hearing Services</b>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> Medicare-covered: 20% coinsurance per diagnostic exam. Hearing aids and supplies: \$500 supplemental benefit limit every calendar year.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.</p>
<b>Dental Services</b> <i>Prior Authorization is required for Medicare-covered dental.</i>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> Medicare-covered: 20% coinsurance.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services. Please contact your Dental Care Organization (DCO) for details.</p>
<b>Vision Services</b>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> \$0 copay for eyeglasses or contact lenses after cataract surgery. Exam to diagnose and treat diseases and conditions of the eye: 20% coinsurance. Eye wear: \$175 supplemental benefit limit every calendar year for contact lenses (up to 12 pairs), or eyeglasses (frames, lenses and upgrades).</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.</p>

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<p><b>Mental Health Services</b> <i>Prior Authorization is required.</i></p>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> Individual or group therapy sessions: 20% coinsurance. Inpatient mental health facility: \$1,408 deductible for each benefit period. \$0 copay per day for days 1 through 60. \$352 copay per day for days 61 through 90. \$704 copay per day for 60 lifetime reserve days for days 91 and beyond.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.</p>
<p><b>Skilled Nursing Facility (SNF)</b> <i>Prior Authorization is required for stays greater than 7 days.</i></p>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> Our plan covers up to 120 days in a SNF. \$0 copayment per day for days 1 through 20. \$176 copayment per day for days 21 through 100.</p> <p><b><u>Supplemental Benefit:</u></b> 20% coinsurance per day for days 101 through 120.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services. Medicaid covers up to 20 days in a SNF.</p>



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<b>Physical Therapy</b>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> Medicare-covered services: 20% coinsurance per visit.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.</p>
<b>Ambulance</b>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> Ground Ambulance: 20% coinsurance. Air Ambulance: 20% coinsurance. Cost-sharing applies for one-way trips.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.</p>
<b>Transportation</b>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> Not covered.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered non-emergent medical transportation.</p>
<b>Medicare Part B Drugs</b> <i>Prior Authorization is required for 40 specific high cost infused/injected drugs (including any brand name equivalents), as listed on the 2020 Prior Authorization List.</i>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b> Part B chemotherapy drugs: 20% coinsurance. Other Part B drugs: 20% coinsurance.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered Part B drugs. Mental health drugs are covered by the state and not your Medicaid managed care health plan.</p>

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<b>Acupuncture</b> <i>Prior Authorization is required by Medicaid for visits beyond 30 per calendar year.</i>	<b><u>Samaritan Advantage Special Needs Plan:</u></b> \$20 copay per visit. (We cover up to 30 supplemental visits per calendar year.) <b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.
<b>Annual Physical Exam</b>	<b><u>Samaritan Advantage Special Needs Plan:</u></b> \$0 copay for a supplemental annual physical exam. <b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.
<b>Cardiac and Pulmonary Rehabilitation Services</b>	<b><u>Samaritan Advantage Special Needs Plan:</u></b> Medicare-covered: 20% coinsurance <b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.
<b>Chiropractic Services</b>	<b><u>Samaritan Advantage Special Needs Plan:</u></b> Medicare-covered (manual manipulation of the spine to correct a subluxation): 20% coinsurance <b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.

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<p><b>Diabetes Self-Management Training, Diabetic Services and Supplies</b></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), therapeutic and diabetic shoes/inserts.</i></p>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b></p> <p>\$0 copay for diabetes self-management training.</p> <p>Diabetes monitoring supplies: 20% coinsurance.</p> <p>Therapeutic shoes or inserts: 20% coinsurance.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b></p> <p>\$0 copay for Medicaid-covered services.</p>
<p><b>Durable Medical Equipment (DME and related supplies)</b></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><b><u>Samaritan Advantage Special Needs Plan:</u></b></p> <p>Medicare-covered: 20% coinsurance.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b></p> <p>\$0 copay for Medicaid-covered services.</p>
<p><b>Health and Wellness Education Programs</b></p> <p><i>Prior Authorization is required for health coaching and personal training packages.</i></p>	<p><b><u>Samaritan Advantage Special Needs Plan:</u></b></p> <p>\$0 copay for supplemental health coaching package.</p> <p>\$0 copay for supplemental personal training package.</p> <p><b><u>Oregon Health Plan (Medicaid):</u></b></p> <p>Not covered.</p>

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<b>Home Health Services</b>	<b><u>Samaritan Advantage Special Needs Plan:</u></b> \$0 copay for Medicare-covered services. <b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.
<b>Over-the-Counter Items</b>	<b><u>Samaritan Advantage Special Needs Plan:</u></b> \$40 supplemental benefit limit every quarter for eligible over-the-counter items. <b><u>Oregon Health Plan (Medicaid):</u></b> Not covered.
<b>Podiatry Services</b>	<b><u>Samaritan Advantage Special Needs Plan:</u></b> Medicare-covered: 20% coinsurance. <b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.
<b>Prosthetic Devices and Related Supplies</b> <i>(braces, artificial limbs, etc.)</i> <i>Prior Authorization is required for prosthetics/orthotics with billed amount greater than \$500 for purchase.</i>	<b><u>Samaritan Advantage Special Needs Plan:</u></b> Medicare-covered: 20% coinsurance. <b><u>Oregon Health Plan (Medicaid):</u></b> \$0 copay for Medicaid-covered services.

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#### SECTION IV - PRESCRIPTION DRUG BENEFITS

##### **Initial Coverage Phase**

You are in this phase until your total yearly drug costs reach \$4,020. Total yearly drug costs are the drug costs paid by both you and our plan.

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 call us or see the plan's "**Evidence of Coverage**" on our website (<https://medicare.samhealthplans.org>) for complete information about your costs for covered drugs.

##### **Samaritan Advantage Special Needs Plan:**

###### **Standard Retail Cost-Sharing (34-day supply):**

Generic/preferred/multi-source drugs: \$0, \$1.30, or \$3.60

All other drugs: \$0, \$3.90, or \$8.95

###### **Standard Mail Order (90-day supply):**

Generic/preferred/multi-source drugs: \$0, \$3.90, or \$10.80

All other drugs: \$0, \$11.70, or \$26.85

##### **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.

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### Samaritan Advantage Special Needs Plan (HMO D-SNP)

#### **Coverage Gap Phase**

You enter this phase once you and the plan pay a combined total of \$4,020. Not everyone will enter the coverage gap.

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 coverage gap phase.

For generic drugs, only the amount you pay counts and moves you through the coverage gap. Both the amount you pay for brand drugs and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap.

#### **Samaritan Advantage Special Needs Plan:**

After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,350, which is the end of the coverage gap.

#### **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.

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#### **Catastrophic Coverage Phase**

You enter this phase after your yearly out-of-pocket drug costs reach \$6,350. You will stay in this phase until the end of the calendar year.

#### **Samaritan Advantage Special Needs Plan:**

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.

Samaritan Advantage Health Plan is an HMO with a Medicare contract. Enrollment in Samaritan Advantage Health Plan 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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