



## Samaritan Advantage Special Needs Plan (HMO) offered by Samaritan Health Plans

# Annual Notice of Changes for 2022

You are currently enrolled as a member of Samaritan Advantage Special Needs Plan. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

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### What to do now

#### 1. ASK: Which changes apply to you?

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Section 1 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2022 Drug List and look in Section 1.6 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.go.medicare.gov/drugprices), and click the "dashboards" link in the middle of the second Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 for information about our *Provider Directory*.
- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices.

- Check coverage and costs of plans in your area.
  - Use the personalized search feature on the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website.
  - Review the list in the back of your *Medicare & You 2022* handbook.
  - Look in Section 2.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE:** Decide whether you want to change your plan.

- If you don't join another plan by December 7, 2021, you will be enrolled in Samaritan Advantage Special Needs Plan.
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in section 2.2, page 10 to learn more about your choices.

**4. ENROLL:** To change plans, join a plan between **October 15 and December 7, 2021**.

- If you don't join another plan by **December 7, 2021**, you will be enrolled in Samaritan Advantage Special Needs Plan.
- If you join another plan between **October 15 and December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

**Additional Resources**

- Please contact our Customer Service number at 800-832-4580 for additional information (TTY users should call 800-735-2900). Hours are 8 a.m. to 8 p.m. daily October 1 through March 31 and 8 a.m. to 8 p.m. Monday-Friday April 1 through September 30.
- This document is available in alternative formats (e.g., braille, large print, audio tape).
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement.** Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About Samaritan Advantage Special Needs Plan**

- Samaritan Advantage Health Plan is an HMO with a Medicare contract. Enrollment in Samaritan Advantage Health Plan depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Samaritan Health Plans. When it says "plan" or "our plan," it means Samaritan Advantage Special Needs Plan.

## Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Samaritan Advantage Special Needs Plan in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [samhealthplans.org/Advantage](http://samhealthplans.org/Advantage). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*. If you are eligible for Medicare cost sharing assistance under the Oregon Health Plan (Medicaid), you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2021 (this year)	2022 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$36.00	\$40.50
<b>Deductible</b>	\$203	\$203  This is the 2021 deductible amount and may change for 2022. Samaritan Advantage Special Needs Plan will provide updated rates as soon as they are released.
<b>Doctor office visits</b>	Primary care visits: 0% or 20% per visit  Specialist visits: 0% or 20% per visit	Primary care visits: 0% or 20% per visit  Specialist visits: 0% or 20% per visit
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$0 or \$1,484 deductible for each benefit period  Days 1-60: \$0 per day Days 61-90: \$371 per day  Days 91 and beyond: \$742 copay per each "lifetime reserve day" after day 90 for each benefit period	\$0 or \$1,484 deductible for each benefit period  Days 1-60: \$0 per day Days 61-90: \$371 per day  Days 91 and beyond: \$742 copay per each "lifetime reserve day" after day 90 for each benefit period  These are 2021 cost sharing amounts and may change for 2022. Samaritan Advantage Special Needs Plan will provide updated rates as soon as they are released.

Cost	2021 (this year)	2022 (next year)
<b>Part D prescription drug coverage</b> (See Section 1.6 for details.)	Deductible: \$445 Copayments during the Initial Coverage Stage: <b>Cost Sharing:</b> <ul style="list-style-type: none"> <li>• <b>Generic/Preferred/Multi-Source Drugs:</b> \$0 / \$1.30 / \$3.70 / 15% per prescription</li> <li>• <b>All other drugs:</b> \$0 / \$4.00 / \$9.20 / 15% per prescription</li> </ul>	Deductible: \$480 Copayments during the Initial Coverage Stage: <b>Cost Sharing:</b> <ul style="list-style-type: none"> <li>• <b>Generic/Preferred/Multi-Source Drugs:</b> \$0 / \$1.35 / \$3.95 / 15% per prescription</li> <li>• <b>All other drugs:</b> \$0 / \$4.00 / \$9.85 / 15% per prescription</li> </ul>
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3,750 If you are eligible for Medicare cost sharing assistance under the Oregon Health Plan (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$3,750 If you are eligible for Medicare cost sharing assistance under the Oregon Health Plan (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

## ***Annual Notice of Changes for 2022***

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## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by the Oregon Health Plan (Medicaid).)	\$36	\$40.50

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from the Oregon Health Plan (Medicaid), very few members ever reach this out-of-pocket maximum.</b> If you are eligible for the Oregon Health Plan (Medicaid) assistance with Part A and Part B copays and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,750	\$3,750  Once you have paid \$3,750 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

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## Section 1.3 – Changes to the Provider Network

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There are changes to our network of providers for next year. An updated *Provider Directory* is located on our website at [samhealthplans.org/Advantage](https://samhealthplans.org/Advantage). You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2022 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

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## Section 1.4 – Changes to the Pharmacy Network

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our website at [samhealthplans.org/Advantage](https://samhealthplans.org/Advantage). You may also call Customer Service for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2022 *Pharmacy Directory* to see which pharmacies are in our network.**

## Section 1.5 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Benefits Chart (what is covered and what you pay)*, in your 2022 *Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at [samhealthplans.org/Advantage](http://samhealthplans.org/Advantage). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

### Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)–approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable).
- Substance use counseling.
- Individual and group therapy.
- Toxicology testing.
- Intake activities.
- Periodic assessments.

Cost	2021 (this year)	2022 (next year)
<b>Durable medical equipment (DME)</b>	Miscellaneous DME codes do not require prior authorization.	Prior authorization is required for all miscellaneous DME codes.
<b>Hearing aids</b>	You have a \$500 limit every calendar year for hearing aids and hearing equipment.	You have a \$750 limit every calendar year for hearing aids and hearing equipment. Easily pay for your hearing aids with our new Flex-card.
<b>Hearing exam</b>	Hearing aid fitting/evaluation is <u>not</u> covered.	You pay a \$0 copay for 1 hearing aid fitting/evaluation every calendar year.
<b>Magnetic resonance angiography (MRA)</b>	MRA's do not require prior authorization.	Prior authorization is required for MRA's.
<b>Over-the-counter (OTC) Benefit</b>	You have a \$40 allowance every quarter for over-the-counter items.	You have a \$150 allowance every quarter for over-the-counter items. Easily pay for eligible OTC items with a pre-loaded card. Any unused amount does not carry over to the next quarter.

Cost	2021 (this year)	2022 (next year)
<b>Routine vision hardware</b>	You have a \$175 vision hardware benefit limit for eyeglasses or contact lenses every calendar year. This is limited to 1 pair of eyeglasses or 12 pairs of contact lenses.	You have a \$175 vision hardware benefit limit for eyeglasses or contact lenses every calendar year. Easily pay for these services with our new Flex-card.
<b>Transportation services</b>	Non-emergent transportation is <u>not</u> covered.	You get 24 one-way non-emergent medical transportation trips to any health-related location, per calendar year.
<b>Urine drug tests</b>	Prior authorization is required for urine drug tests after 12 units per year.	Urine drug tests do <u>not</u> require prior authorization.

## Section 1.6 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
  - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 120 days of the plan year or the first 108 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. Because you receive “Extra Help”, if you haven’t received this insert by September 30<sup>th</sup>, please call Customer Service and ask for the “LIS Rider.”

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look in your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.)

### Changes to the Deductible Stage

Stage	2021 (this year)	2022 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	The deductible is \$445.	The deductible is \$480.
During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible.	(Look at the separate insert, the “LIS Rider,” for your deductible amount.)	(Look at the separate insert, the “LIS Rider,” for your deductible amount.)

## Changes to Your Cost Sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2021 (this year)	2022 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (34-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Cost Sharing – Generic Drugs</b> (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> <li>• <b>Generic/Preferred/Multi-Source Drugs:</b> \$0 / \$1.25 / \$3.70 / 15% per prescription</li> <li>• <b>All other drugs:</b> \$0 / \$3.90 / \$9.20 / 15% per prescription</li> </ul> <p>Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Cost Sharing – Generic Drugs</b> (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> <li>• <b>Generic/Preferred/Multi-Source Drugs:</b> \$0 / \$1.30 / \$3.95 / 15% per prescription</li> <li>• <b>All other drugs:</b> \$0 / \$4.00 / \$9.85 / 15% per prescription</li> </ul> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either stage.**

For information about your costs in these stages, look at your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Samaritan Advantage Special Needs Plan

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Samaritan Advantage Special Needs Plan.

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## Section 2.2 – If you want to change plans

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We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- - OR- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). Here, you can find information about costs, coverage, and quality ratings for Medicare plans.

As a reminder, Samaritan Health Plans offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Samaritan Advantage Special Needs Plan.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Samaritan Advantage Special Needs Plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
  - - OR - Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 3 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2022.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with the Oregon Health Plan (Medicaid), those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year.

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

## **SECTION 4 Programs That Offer Free Counseling about Medicare and the Oregon Health Plan (Medicaid)**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA).

SHIBA is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIBA counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIBA at 800-722-4134. You can learn more about SHIBA by visiting their website ([shiba.oregon.gov](http://shiba.oregon.gov)).

For questions about your Oregon Health Plan benefits, contact the Oregon Health Authority at 800-273-0557 Monday through Friday 8 a.m. to 5 p.m. TTY users should call 711. Ask how joining another plan or returning to Original Medicare affects how you get your Oregon Health Plan coverage.

## **SECTION 5 Programs That Help Pay for Prescription Drugs**

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** Because you have the Oregon Health Plan (Medicaid), you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications)
  - - OR - Your State Medicaid office (applications).
- **Prescription Cost sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance through CAREAssist. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-805-2313.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from Samaritan Advantage Special Needs Plan

Questions? We're here to help. Please call at 800-832-4580 (TTY only, call 800-735-2900). We are available for phone calls 8 a.m. to 8 p.m. daily October 1 through March 31 and 8 a.m. to 8 p.m. Monday-Friday April 1 through September 30. Calls to these numbers are free.

#### **Read your 2022 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the *2022 Evidence of Coverage* for Samaritan Advantage Special Needs Plan. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [samhealthplans.org/Advantage](http://samhealthplans.org/Advantage). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [samhealthplans.org/Advantage](http://samhealthplans.org/Advantage).

As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (*Formulary/Drug List*).

### Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

#### **Visit the Medicare Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)).

#### **Read Medicare & You 2022**

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

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## **Section 6.3 – Getting Help from the Oregon Health Plan (Medicaid)**

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To get information from the Oregon Health Plan (Medicaid) you can call Oregon Health Authority (OHA) at 800-273-0557. TTY users should call 711.



2300 NW Walnut Blvd., Corvallis, OR 97330  
800-832-4580 (TTY 800-735-2900)

**[samhealthplans.org](http://samhealthplans.org)**