

Samaritan Advantage members' benefits card questions and answers

March 17, 2022

Medical benefit questions

Q: Why did Samaritan Advantage Health Plans add the benefits card?

A: A new 2022 benefit Samaritan Advantage is offering to Advantage members is a quarterly dollar amount that can be used to purchase over-the-counter items, like Tylenol or cold medicine. In prior years, these items were not covered under the plan. Additionally, Samaritan has added increased dental benefits, as well as offering routine vision hardware and hearing aid benefits from past years. Samaritan wants to make using these dollars as convenient as possible for Advantage members. This is why a benefit card is being offered for over-the-counter items. Members have also shared concerns that many dental providers are not familiar with Samaritan or will not bill insurance, and therefore will not see Samaritan Advantage members. For these reasons, a benefit card was selected that will allow members to pay for certain dental, vision and hearing aid services up front, with no need to submit a claim form. The intent of the card is to enhance members' ability to access these benefits efficiently. Providing members with a prepaid card removes the need for providers to bill insurance.

Q: Do members have to use their benefits card to pay for services?

A: Yes. Members must use the card to pay for the services we have outlined as being covered using the benefits card. If a provider submits a claim to the plan for these services, it will be denied and Samaritan will direct the provider to seek payment from the member using the benefits card. If a member pays out-of-pocket for any services that should be covered by the card, they can submit a request for reimbursement.

Q: What services are covered by the benefits card?

A: The benefits card should be used to pay for routine vision hardware (eyeglasses and contact lenses), hearing aids, hearing aid supplies, hearing aid repairs, dental services and eligible over-the-counter items.

Q: Does this card work like an FSA (flexible spending account) card?

A: No. The benefits card can only be used to pay for eligible over-the-counter items, routine vision hardware, dental services, hearing aids, and hearing aid supplies and repairs. It cannot be used to pay for prescriptions or copays.

Q: Where can members find the reimbursement form?

A: The reimbursement form can be found on the Samaritan Health Plans website at samhealthplans.org/AdvantageForms. Complete and mail the form titled "Request Reimbursement for Benefits Card Expenses" to Samaritan Health Plans.

Q: Who do I call if the member's card is not working?

A: Try running the card for only the balance that is remaining on the account. For help resolving additional issues, please call Customer Service at **800-832-4580** (TTY **800-735-2900**).

Q: How do I know the member's current account balance?

A: You can ask the member to log in at myhealthplan.samhealth.org and click on "Benefits Card Login" to view their balance. They can also call the IVR number on the back of their card (**888-831-4668**), or you can contact Customer Service at **800-832-4580** (TTY **800-735-2900**) and ask for assistance looking up the balance.

Q: What is a Merchant Category Code?

A: A MCC is a four-digit number that describes a merchant's primary business activities. MCC's are used by credit card issuers to identify the type of business in which a merchant is engaged. The benefits card uses MCC's to control where eligible purchases can and cannot be made. For example, 8021 is the MCC for dentists and orthodontists and 8041 is the MCC for chiropractors. The benefits card will work at a dental office with an MCC of 8021 but it will not work if used at a chiropractor office.

Dental benefit questions

Q: What dental services are covered by the benefits card?

A: The benefits card should be used to pay for all preventive and comprehensive dental care. This includes services such as exams, cleanings, x-rays, fillings, periodontal services, crowns, etc.

Q: What dental services are not covered?

A: Medicare-covered dental care (services by a dentist or oral surgeon limited to surgery of the jaw or related structures, setting of fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease or services that would be covered when provided by a doctor) is a covered benefit, but should be billed to the plan using the member's Samaritan Advantage member ID card.

Orthodontia is not a covered benefit.

Q: What dentists can members see?

A: Members can go to any dentist who accepts MasterCard and has not opted out of Medicare.

Q: What information should I submit to a member's secondary insurance coverage?

A: You should bill the secondary coverage directly and provide a copy of the register receipt that reflects the benefits card was charged.

Hearing aid benefit questions

Q: What hearing aid services are covered by the benefits card?

A: The benefits card should be used to pay for hearing aids, hearing aid supplies and hearing aid repairs.

Q: What hearing aid services are not paid for using the benefits card?

A: The benefits card should not be used to pay for any hearing exams. Please bill the plan directly for Medicare-covered or routine hearing exams. Copays may apply.

Hearing aid batteries are not a covered benefit.

Q: Where can the benefit card be used for hearing aid services?

A: The benefit card can be used at any merchant that is considered a hearing aid vendor (MCC code of 5975) and accepts MasterCard.

Q: A member paid out of pocket for hearing aid services that are covered by the benefits card. What should I do?

A: There are two ways that a member can be reimbursed for out-of-pocket costs:

1. Charge the member's benefit card for the amount and process a refund to the personal form of payment that the member used.
2. Member can complete and mail in a reimbursement form. The reimbursement form can be found on our website at samhealthplans.org/AdvantageForms. Select the form titled "Request Reimbursement for Benefits Card Expenses."

Q: I charged the member's benefits card for an item or service that should have been billed to the plan. What should I do?

A: You can process a refund to the member's benefits card and submit a claim to the plan, accordingly.

Q: What information should I submit to a member's secondary insurance coverage?

A: You should bill the secondary coverage directly and provide a copy of the register receipt that reflects the benefits card was charged.

Routine vision hardware benefit questions

Q: What vision hardware services are covered by the benefits card?

A: The benefits card should be used to pay for routine vision hardware. This includes glasses (frames and/or lenses), contacts and upgrades (anti-reflective coating, tinting, scratch resistant coating, etc.).

Q: What vision hardware services should not be paid for using the benefits card?

A: The benefit card should not be used to pay for vision exams, glaucoma screenings, or eyeglasses or contact lenses after cataract surgery. Bill the plan accordingly for these services. Copays may apply.

Q: Where can members use the benefits card for vision hardware services?

A: Members can use their benefits card at any merchant that is considered an optometrist, ophthalmologist, optician or a seller of optical goods and eyeglasses (MCC codes 8042 and 8043), accepts MasterCard, and has not opted out of Medicare.

Q: A member paid out of pocket for vision hardware that is covered by the benefits card. What should I do?

A: There are two ways that a member can be reimbursed for out-of-pocket costs:

1. Charge the member's benefits card for the amount and process a refund to the member's personal form of payment that was used.
2. Member can complete and mail in a reimbursement form. The reimbursement form can be found on the Samaritan website at samhealthplans.org/AdvantageForms. Select the form titled "Request Reimbursement for Benefits Card Expenses".

Q: I charged the member's benefits card for an item or service that should have been billed to the plan. What should I do?

A: You can process a refund to the member's benefits card and submit a claim to the plan, accordingly.

Q: What information should I submit to a member's secondary insurance coverage?

A: You should bill the secondary coverage directly and provide a copy of the register receipt that reflects the benefits card was charged.