



Dear Samaritan Employer Group Member,

We welcome you as a new or continuing member to Samaritan Health Plans, the medical, pharmacy and vision plans for Oregon employer groups. We are proud to serve you and to contribute to the health and well-being of our members and their local communities.

**Enclosed is the Samaritan Health Plans 2017 Member Certificate Endorsement, which provides notification of any policy changes and disclosure requirements for Samaritan Health Plans, in effect beginning Nov. 1, 2017.**

You also have 24/7 access to this document at [samhealthplans.org/employergroup](http://samhealthplans.org/employergroup).

Please read this document carefully. It is a legal part of your member certificate and plan documents, which include *Samaritan Health Plans 2017 Medical & Pharmacy Benefits*, *2017 Alternative Care Rider*, and *2017 Vision Benefits*, as applicable to your employer group health care coverage package. These documents are available online for your quick and easy reference. You can also request a copy of these documents from Customer Service.

Please note: The 2017 Premium Rates for your medical, pharmacy and vision benefits are not a part of your plan documents. Contact your Plan Sponsor for this information and for any premium-related questions or concerns.

**If you have any questions about your medical, pharmacy, alternative care or vision benefits, please contact Customer Service, Monday through Friday:**

- In person at 2300 NW Walnut Blvd., Corvallis, 8 a.m. to 5 p.m.
- By phone at 541-768-4550 or toll free at 1-800-832-4580 (TTY 1-900-735-2900), 8 a.m. to 8 p.m.
- By email at [HealthPlanResponse@samhealth.org](mailto:HealthPlanResponse@samhealth.org), 8 a.m. to 8 p.m.

It is our greatest pleasure to serve you!

To your health,  
Samaritan Health Plans