

SUMMARY OF MATERIAL MODIFICATIONS & NOTICE OF REQUIRED DISCLOSURES

This document provides changes made to your Medical, Pharmacy and Vision benefits effective June 1, 2017. If you do not have these current plan documents: 2015 Samaritan Choice Medical and Pharmacy Member Handbook, 2015 Samaritan Choice Vision Member Handbook, and 2015, 2016, and 2017 Summary of Material Modifications (SMM), please call our Customer Service Department. You can reach them at 541-768-4550; toll-free at 1-800-832-4580; TTY 1-800-735-2900. You can also visit our member portal for an electronic copy at MyHealthPlan.samhealth.org.

KEEP THIS NOTICE WITH YOUR 2015, 2016, and 2017 SAMARITAN CHOICE PLANS' MEDICAL & PHARMACY AND VISION PLAN DOCUMENTS. THIS IS A LEGAL PART OF YOUR MEMBER HANDBOOK.

Please read this notice carefully and keep it where you can find it. This notice has important information about changes to your Medical & Pharmacy and Vision Plan Documents. All plan documents are available online at MyHealthPlan.samhealth.org. You may request a copy of any plan document by contacting Samaritan Health Plans Customer Service at 541-768-4550 or toll-free 1-800-832-4580 (TTY 1-800-735-2900), Monday through Friday, from 8 a.m. to 8 p.m.

Usual, customary and reasonable (UCR) charges. The UCR is a method the Plan will utilize to determine the Allowed Amount for a service, product, or claim for a Non-Preferred Provider or Facility for a Covered Service. The UCR is determined solely at the discretion of the Plan by taking into consideration the following factors: what the Plan could expect to pay if the service or product was received from a Preferred Provider or Facility, the fee(s) which the Non-Preferred Provider or Facility most frequently charges the majority of patients for the service or supply, the cost to the Non-Preferred Provider or Facility for providing the services, the prevailing range of fees charged in the same geographic area by Non-Preferred Providers or Facilities of similar training and experience for the service or supply, and the Medicare reimbursement rates. The term "same geographic area" shall be defined as a metropolitan area, county, or such greater area as is necessary to obtain a representative cross-section of Non-Preferred Providers or Facilities, persons or organizations rendering such treatment, services, or supplies for which a specific charge is made. To be "usual, customary and reasonable," charge(s) must be in compliance with generally accepted billing practices for unbundling or multiple procedures.

The term "usual" refers to the amount of a charge made for medical services, care, or supplies, to the extent that the charge does not exceed the common level of charges made by other medical professionals with similar credentials, or health care facilities, pharmacies, or equipment suppliers of similar standing, which are located in the same geographic locale in which the charge is Incurred.

The term "customary" refers to the form and substance of a service, supply, or treatment provided in accordance with generally accepted standards of medical practice to one individual, which is appropriate for the care or treatment of the same sex, comparable age, and who receive such services or supplies within the same geographic locale.

UCR charges may, at the Plan's discretion, alternatively be determined and established by the Plan using normative data including Medicare cost-to-charge ratios, average wholesale price (AWP) for prescriptions and/or manufacturer's retail pricing (MRP) for supplies and devices.

Samaritan Choice Plans

2017 PRIOR AUTHORIZATION LIST

Coverage of certain medical services and surgical procedures require Samaritan Choice Plans' (SCP) written authorization before the services are performed. Your provider may request prior authorization by phone, fax, or mail. If for any reason your provider will not, or does not, request prior authorization for you, you must contact SCP yourself. This requirement applies to both Preferred and Non-Preferred Providers. **Failure to obtain a prior authorization may result in your claim being denied, either in whole or in part.** In some cases, SCP may require you to provide additional information or seek a second opinion before authorizing coverage.

Prior authorization by Samaritan Choice Plans is required for the following medical services and surgical procedures:

- Clinical Trials
- Durable Medical Equipment (DME) including insulin pumps, prosthesis, oxygen and oxygen supplies, with line item prices over \$1,000 in rental or purchase fees or rentals over 3 months.
 - Continuous Glucose Monitors (CGM) and CGM supplies
- Elective procedures or services (for the following):
 - Bariatric surgery
 - Genetic testing except standard prenatal testing and Non-Invasive Prenatal Testing (NIPT)
 - Neck and back surgery (inpatient, outpatient and those done as in-office procedures)
 - Panniculectomy
 - Sclerotherapy
 - Uvulopalatopharyngoplasty
- Hospitalization for dental procedures including ASC
- Inpatient hospital care*, including:
 - Mental health services
 - Exception: Labor and delivery
 - Exception: Newborn less than 5 days
- Potentially cosmetic, reconstructive and/or experimental surgery and services
- Radiological services (for the following):
 - Capsule/wireless endoscopies
 - Computer Axial Tomography (CAT) scans
 - Magnetic Resonance Imaging (MRI)
 - Positron Emission Tomography (PET) scans
 - Virtual Colonoscopy
- Residential services for mental health and substance abuse treatment including detoxification
- Skilled Nursing Facility (SNF)
- Therapeutic abortion
- Transplants, including evaluation (except corneal)

* Emergency Services will not require prior authorization in accordance with Patient Protection and Affordability Care Act. We request notification of any emergency admissions or observation stays that exceed 48 hours in order to ensure that all of the member's care is appropriately coordinated.

Medically appropriate: health care services or supplies that a professional provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms, and that are:

- in accordance with generally accepted standards of medical practice;
- clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury, or disease; and
- not primarily for the convenience of the patient, physician, or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease.

For these purposes, "generally accepted standards of medical practice" means standards based on credible scientific evidence that is published in peer-reviewed, medical literature generally recognized by the relevant medical community; Physician Specialty Society recommendations; and, the views of physicians practicing in relevant clinical areas and any other relevant factors.

Samaritan Choice Plans reserves the right to review or otherwise deny services that are not medically necessary. Prior authorization is not guarantee of payment.

↓ ↓ ↓ THIS LANGUAGE REPLACES LANGUAGE IN THE LEAST COSTLY SETTING FOR SERVICES SECTION OF THE BENEFIT EXCLUSIONS SECTION ON PAGE 32 OF YOUR SAMARITAN CHOICE PLANS' 2015 MEDICAL & PHARMACY BENEFITS MEMBER HANDBOOK ↓ ↓ ↓

Covered services must be performed in the least costly setting in which they can be provided safely. For example, if a procedure is performed in a hospital inpatient setting when it could have been performed on an outpatient basis, this plan will not pay any more than it would have paid had the procedure been performed on an outpatient basis. Services performed in an inappropriate setting may result in higher out-of-pocket expenses for you.

↓ ↓ ↓ THIS LANGUAGE REPLACES LANGUAGE IN THE QUALITY OF MEDICAL CARE OF THE GENERAL PROVISIONS SECTION ON PAGE 35 OF YOUR SAMARITAN CHOICE PLANS' 2015 MEDICAL & PHARMACY BENEFITS MEMBER HANDBOOK ↓ ↓ ↓

The Plan is not responsible for the quality of medical care the Covered Person receives. The Plan cannot be held liable for any claims or damages connected with injuries suffered by the Covered Person while receiving medical services and supplies. The Covered Person has the right to choose his or her own Hospital or physician; however, selecting a Preferred (In Network) Provider will maximize benefits while minimizing out-of-pocket expenses. Whenever the Covered Person receives services or a Non-preferred (Non-Participating) Provider, it will likely result in greater out-of-pocket expense in the form of higher deductibles, co-payments, and/or additional co-insurance. Payments to Non-Preferred Providers are based on the Usual and Customary Charges, as determined by the Plan, which may be significantly less than the Non-Preferred Provider's actual billed amount. The Covered Person may be responsible for any difference between the Usual and Customary Charges and the actual billed amount.

We are here to help you maximize your benefits and encourage you to call or e-mail us so we may help you find a Preferred Provider whenever possible.

Discrimination Statement

Samaritan Choice Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Samaritan Choice Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Customer service

The Samaritan Choice Plans office in Corvallis, Oregon operates to meet your service needs.

Self-service available 24/7 on your member portal:
MyHealthPlan.samhealth.org.

Email: SHSChoicePlansTeam@samhealth.org.

Call: Monday – Friday, 8 a.m. – 8 p.m.:
In Corvallis at 541-768-4550, toll free 1-800-832-4580
(TTY 1-800-735-2900)

Visit us Monday – Friday, 8:30 a.m. – 5 p.m.:
2300 NW Walnut Blvd Corvallis, OR

Mail:
Samaritan Choice Plans
PO Box 336
Corvallis, OR 97339