

November 1, 2012

Announcing the 2013 SAMBA Health Plan Premium and Benefit Changes

Dear Health Plan Member,

We are pleased to announce the SAMBA Health Benefit Plan's premium and benefit changes for 2013. Next year, the Self Only Standard Option premium will not change. However, the premiums will be reduced for all other enrollment types as shown in the charts below¹.

Standard Option

Type of Enrollment	Biweekly Employee Premium		Monthly Annuitant Premium	
	2013 Premium	Premium Reduction	2013 Premium	Premium Reduction
Self Only	\$60.79	No Change	\$131.71	No Change
Self & Family	\$138.84	(\$2.16)	\$300.81	(\$4.69)

High Option

Type of Enrollment	Biweekly Employee Premium		Monthly Annuitant Premium	
	2013 Premium	Premium Reduction	2013 Premium	Premium Reduction
Self Only	\$114.55	(\$5.09)	\$248.19	(\$11.03)
Self & Family	\$294.24	(\$10.60)	\$637.52	(\$22.97)

SAMBA's pharmacy benefit manager (PBM) is changing next year. CVS Caremark will replace Express Scripts (formerly Medco) as our PBM. Please review the enclosed CVS Caremark **Frequently Asked Questions** document for information concerning how this change will affect you. We are working closely with CVS Caremark to keep member disruption to a minimum during the transition.

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¹ These premiums do not apply to all enrollees. If you are in a special enrollment category, please refer to your special FEHB Guide or contact the agency which maintains your health benefits enrollment.

A list of the 2013 benefit changes for each Plan option are attached to this letter. Several of the changes are actually benefit enhancements. Please take a moment to review the changes that apply to your enrollment option.

A booklet highlighting the 2013 benefits for the Standard and High options is enclosed. Use the booklet to compare the two plan options. You can switch plan options during the Open Season which runs from November 12 to December 10, 2012 by contacting your agency or retirement system. Information about SAMBA's popular Dental and Vision Plan can also be found in the booklet and on our web site.

All members, including dependents, will be mailed new SAMBA Identification Cards in mid-December. The ID card is to be used for both medical and pharmacy services. Beginning January 1st, be sure to use your new ID card for doctor visits and when filling prescriptions at a retail pharmacy.

In keeping with the Office of Personnel Management's (OPM) "Going Green" initiative, paper copies of the SAMBA health plan brochure will not be automatically mailed to members. The 2013 plan brochure is available on our web site for viewing or downloading. From our web site, you may request a pre-printed copy of the brochure (click on the Open Season link). You may also email your request for a pre-printed brochure to feedback@sambaplans.com or call us at 800-638-6589.

Lastly, next year marks SAMBA's 65th year. To recognize this milestone, we have designed a new logo, which appears on the above letterhead. The new logo uses colors that are both fresh and inviting. The logo suggests a feeling of warmth and certainty for the future. We hope you like it.

Sincerely,



Walter E. Wilson
Executive Director

Enclosures

Required Notice of Summary of Benefits and Coverage:

Availability of Summary Health Information: The Federal Employees Health Benefits (FEHB) Program offers numerous health benefits plans and coverage options. Choosing a health plan and coverage option is an important decision. To help you make an informed choice, each FEHB plan makes available a Summary of Benefits and Coverage (SBC) about each of its health coverage options, online in early October. The SBC summarizes important information in a standard format to help you compare plans and options. A paper copy of the SAMBA SBC is available, free of charge, by calling 800-638-6589. To find out more information about plans available under the FEHB Program, including SBCs for other FEHB plans, please visit www.opm.gov/insure.

2013 Standard Option Changes

Increased PPO Benefits:

- The Plan will waive the \$20 PPO office visit copayment for routine annual physical examinations and/or routine annual gynecological visits.
- Maternity (obstetrical) care including prenatal care, delivery, postnatal care, and other maternity related care such as sonograms will be covered at 100%.
- FDA approved female contraceptive devices, female sterilization procedures, and contraceptive education and counseling for women with reproductive capacity will be covered at 100%.
- Laboratory testing services performed by LabCorp has been added to the Plan's "*Lab Program*" and will be covered at 100%. Previously, only services performed by Quest Diagnostic Labs were paid at 100%.

Prescription Drug Benefits:

- The Plan's prescription drug benefit vendor will be CVS Caremark, replacing Express Scripts (formerly Medco); to manage the Plan's prescription drug benefit (both retail and mail order).
- Members will have access to the CVS Caremark's "Maintenance Choice Program." This program allows members to purchase maintenance medications, up to a 90-day supply, at a CVS retail pharmacy, for the same cost share as at mail order. See FAQ document enclosed with this mailing.
- A Specialty drug benefit has been added to encourage the purchase of all specialty medications through CVS Caremark's Specialty Pharmacies. Certain specialty medications that are purchased from a source other than a CVS Caremark Specialty Pharmacy (i.e., from a doctor's office, home health care agency, or outpatient facility) will be subject to a separate copayment of \$500 per (30-day) prescription fill, plus applicable coinsurance.
- Prenatal Vitamins (prescription) will be covered.
- Prescription drug copayments will be waived (paid at 100%) for female oral contraceptive drugs under the Plan's prescription drug benefits.

Other Benefit Changes:

- Services of a "stand-by doctor" for a cesarean section will be covered.
- The calendar year deductible will apply to PPO benefits under the Plan's; *Outpatient hospital, clinic or ambulatory surgical center* benefits, and the *Lab, X-ray and other diagnostic tests* benefit. Benefits under the *Lab Program* will remain at 100%.
- For Non-PPO benefits, the Plan will use the Maximum Non-PPO Reimbursable Charge (MRC) to determine our allowance for non-PPO charges. The MCR is a Medicare-based fee schedule that approximates 200% of the Medicare (RBRVS) allowance for the same or similar service within a geographic area.
- Your premium share is unchanged for Self Only and will decrease for Self and Family.

2013 High Option Changes

Increased PPO Benefits:

- The Plan will waive the \$20 PPO office visit copayment for routine annual physical examinations and/or routine annual gynecological visits.
- FDA approved female contraceptive devices, female sterilization procedures, and contraceptive education and counseling for women with reproductive capacity will be covered at 100%.
- Laboratory testing services performed by LabCorp has been added to the Plan's "Lab Program" and will be covered at 100%. Previously, only services performed by Quest Diagnostic Labs were paid at 100%.

Prescription Drug Benefits:

- The Plan's prescription drug benefit vendor will be CVS Caremark, replacing Express Scripts (formerly Medco); to manage the Plan's prescription drug benefit (both retail and mail order).
- Members will have access to the CVS Caremark's "Maintenance Choice Program." This program allows members to purchase maintenance medications, up to a 90-day supply, at a CVS retail pharmacy, for the same cost share as at mail order. See FAQ document enclosed with this mailing.
- A Specialty drug benefit has been added to encourage the purchase of all specialty medications through CVS Caremark's Specialty Pharmacies. Certain specialty medications that are purchased from a source other than a CVS Caremark Specialty Pharmacy (i.e., from a doctor's office, home health care agency, or outpatient facility) will be subject to a separate copayment of \$300 per (30-day) prescription fill, plus applicable coinsurance.
- Prenatal Vitamins (prescription) will be covered.
- Prescription drug copayments will be waived (paid at 100%) for female oral contraceptive drugs under the Plan's prescription drug benefits.

Other Benefit Changes:

- Services of a "stand-by doctor" for a cesarean section will be covered.
- For Non-PPO benefits, the Plan will use the Maximum Non-PPO Reimbursable Charge (MRC) to determine our allowance for non-PPO charges. The MCR is a Medicare-based fee schedule that approximates 200% of the Medicare (RBRVS) allowance for the same or similar service within a geographic area.
- Your premium share will decrease for Self Only and Self and Family.