

2024 SAMBA Plan Option Comparison

	STANDARD OPTION* YOU PAY	HIGH OPTION* YOU PAY
Physician Care		
Family Care Physicians	\$20 per office visit (Including telehealth)	\$15 per office visit (Including telehealth)
Specialists	\$30 per office visit (Including telehealth)	\$25 per office visit (Including telehealth)
Well-Child Visits	Nothing	Nothing
Annual Physicals	Nothing	Nothing
Adult/Child Immunizations	Nothing	Nothing
Teladoc® Telehealth Services	\$15 (\$0 for first 2 visits)	\$10 (\$0 for first 2 visits)

Hospital

Inpatient	\$200 per confinement; 20% for ancillary services	\$200 per confinement; 15% for ancillary services
Outpatient	20%	15%

Maternity

Hospital	Nothing	Nothing
Obstetrical Care	Nothing	15%

Other Benefits

Cancer Screenings	Nothing	Nothing
Infertility Services	20%	15%
Surgery	20%	15%
Laboratory Services	Nothing at LabCorp or Quest Diagnostics	Nothing at LabCorp or Quest Diagnostics
Accidental Injury Care	Nothing (within 24 hours)	Nothing (within 24 hours)
Calendar Year Deductible	\$350 per person	\$300 per person
Out-of-Pocket Maximum	\$6,000 per person \$12,000 per family	\$5,000 per person \$10,000 per family

*Out-of-network benefits are available, see the 2024 SAMBA Health Benefit Plan brochure (RI 71-015)

Prescription Drugs

30-Day Supply (at a Retail Pharmacy)	Generic	\$12	\$10
	Preferred Brand	35% (\$150 maximum)	30% (\$100 maximum)
	Non-Preferred Brand	50% (\$300 maximum)	45% (\$300 maximum)
90-Day Supply (Home Delivery or at a Smart90® Retail Pharmacy)	Generic	\$20	\$15
	Preferred Brand	35% (\$300 maximum)	30% (\$200 maximum)
	Non-Preferred Brand	50% (\$400 maximum)	45% (\$400 maximum)
Calendar Year Deductible	\$350 per person	\$300 per person	
Out-of-Pocket Maximum	\$6,000 per person \$12,000 per family	\$5,000 per person \$10,000 per family	

Premium

	Biweekly	Monthly	Biweekly	Monthly
Self	\$ 85.40	\$185.03	\$127.74	\$276.77
Self Plus One	\$183.80	\$398.24	\$291.70	\$632.02
Self and Family	\$194.83	\$422.13	\$311.85	\$675.67

This is a summary of the SAMBA Health Benefit Plan. For complete information on benefits, see the Plan's 2024 Federal brochure (RI 71-015).

All benefits are subject to definitions, limitations, and exclusions set forth in the Federal brochure.