



**STANDARD OPTION**  
**HEALTH**  
**BENEFIT PLAN 2017**

# 2017 STANDARD OPTION BENEFITS

MEDICAL BENEFITS	IN-NETWORK* YOU PAY	WITH MEDICARE A&B YOU PAY
<b>PHYSICIAN CARE</b>		
Family Physicians	\$20 per office visit	Nothing
Specialists	\$20 per office visit	Nothing
Well-Child Visits	Nothing	Nothing
Annual Physicals	Nothing	Nothing
Adult/Child Immunizations	Nothing	Nothing
<b>HOSPITAL CARE</b>		
Inpatient	\$200 per confinement, 15% for ancillary services	Nothing
Outpatient	15%	Nothing
<b>MATERNITY</b>		
Hospital	Nothing	Nothing
Obstetrical Care	Nothing	Nothing
<b>OTHER BENEFITS</b>		
Cancer Screenings	Nothing	Nothing
Surgery	15%	Nothing
Laboratory Services	Nothing at LabCorp or Quest Diagnostics	Nothing
Accidental Injury Care	Nothing (within 72 hours)	Nothing
Calendar Year Deductible	\$350 per person	
Out-of-Pocket Maximum	\$7,000 per person; \$14,000 per family	
<b>PRESCRIPTION DRUGS</b>		
<b>YOU PAY</b>		
30-DAY SUPPLY (at a RETAIL Pharmacy)	\$8 generic 30% preferred name brand (\$40 minimum, \$70 maximum) 40% non-preferred name brand (\$60 minimum, \$110 maximum)	
90-DAY SUPPLY (Home Delivery or at a SMART90® retail pharmacy)	\$15 generic 30% preferred name brand (\$80 minimum, \$150 maximum) 40% non-preferred name brand (\$120 minimum, \$275 maximum)	
*Out-of-network benefits are available, see the <b>2017 SAMBA Health Benefit Plan</b> brochure		

This is a summary of the SAMBA Health Benefit Plan. For complete information on benefits, see the Plan's 2017 Federal brochure (RI 71-015).

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

## INCLUDES:

- \$20 office visits (including specialists)
- No referrals needed
- Rx at Retail and Home Delivery
- World-wide Coverage
- Health & Wellness Programs
- Nationwide Cigna PPO network

## NO COST FOR:

- Annual physicals
- Maternity care
- Routine Immunizations
- Cancer screenings
- 24/7 Nurseline
- Laboratory services at LabCorp and Quest Diagnostics



Visit [SambaHealth.com](http://SambaHealth.com) to view or download the official **2017 SAMBA Health Benefit Plan Brochure**

## RATES

### 2017 Standard Option

	Biweekly	Monthly
<b>Self Only</b> (code 444)	<b>\$72.95</b>	<b>\$158.07</b>
<b>Self Plus One</b> (code 446)	<b>\$166.22</b>	<b>\$360.14</b>
<b>Self &amp; Family</b> (code 445)	<b>\$167.80</b>	<b>\$363.57</b>

These rates do not apply to all enrollees. If you are in a special enrollment category, (such as postal employees) please contact the agency which maintains your health benefits enrollment.

Offering the



Network Nationwide

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