

October 30, 2017

Your 2018 SAMBA Health Plan

Dear Standard Option Member:

This letter is to inform you about changes to your health plan for 2018. The table to the right shows the 2018 Standard Option Plan premiums.

SAMBA's medical claims the past two years have been unusually high compared to historical amounts. High dollar medical and pharmacy claims, coupled with increased use of plan benefits, were the driving forces of our rate increase for next year. SAMBA actually paid out more in benefits than it received in premium dollars. SAMBA had to withdraw funds from its reserve account (held by OPM in the U.S. Treasury).

2018 Standard Option Premiums		
Type	Biweekly	Monthly
Self Only (code 444)	\$97.59	\$211.44
Self Plus One (code 446)	\$228.06	\$494.13
Self & Family (code 445)	\$230.16	\$498.68

If you are in a special enrollment category (such as postal employees), please contact the agency which maintains your health benefits enrollment for exact rates.

In setting our rates for next year, OPM looked at our past claims experience and tried to project what the claims might be in 2018. OPM set the premiums high enough to cover projected claims and rebuild the plan's reserves.

Summary of Standard Option Plan changes:

Telehealth Services – Telephonic and virtual doctor consultations will be added as covered benefits for medical, dermatology, and behavioral health services. Coverage for these services will be available through Teladoc® at 100% after a \$15 copayment.

PPO Office Visit Copayment – The PPO office visit copayment for both primary care physicians and specialists will now be \$30 per visit.

Accidental Injury – The Plan will now pay 100% for medical expenses and services incurred within 24-hours of an injury.

Calendar Year Deductible (CYD) – The CYD will increase to \$400 per person (\$800 for Self Plus One and \$1,200 for Family enrollments). Separate CYD's will apply for PPO and Non-PPO services.

Coinsurance – The coinsurance for PPO benefits will be 20% of allowed charges; Non-PPO benefits will be 45% of allowed charges.

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Skilled Nursing Facility – The Plan will now pay for up to 30 days per calendar year.

Prescription Drug Copayments – The copayment for Tier I (Generic drugs), Tier II (Preferred drugs), and Tier III (Non-Preferred drugs) will be as follows:

Retail (30-day supply)	Copayment
Tier I: Generic	\$12
Tier II: Preferred	35% (\$150 max)
Tier III: Non-Preferred	50% (\$300 max)

Mail or Smart90 retail (90-day supply)	Copayment
Tier I: Generic	\$20
Tier II: Preferred	35% (\$300 max)
Tier III: Non-Preferred	50% (\$600 max)

Specialty Drug Copayments – These medications are used to treat chronic complex conditions, usually requiring special handling and close monitoring. The copayment for Tier IV (Generic & Preferred Specialty drugs) and Tier V (Non-Preferred Specialty drugs) will be as follows:

Specialty Drugs	Copayment
Tier IV: Generic & Preferred Specialty	35% (\$240 max) for a 30-day supply
Tier V: Non-Preferred Specialty	50% (\$480 max) for a 30-day supply

Precertification – Precertification will be expanded to include musculoskeletal procedures, several outpatient procedures, and certain behavioral health services (including intensive outpatient and partial hospitalizations).

Non-PPO Dialysis and Urine Drug Testing/Screenings – The Plan’s allowance for these procedures when performed by a Non-PPO provider will be limited to 200% of the Medicare allowed amount.

Your 2018 SAMBA ID cards will be mail to you in late December. Please call SAMBA if you do not receive your new ID cards by December 28, 2017.

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The official 2018 SAMBA Health Benefit Plan Brochure and the Summary of Benefits and Coverage (SBC) documents are available on our web site for viewing or downloading. You may also request paper copies of either document by visiting our web site (www.SambaHealth.com) or calling us at 1-800-638-6589 for more information.

Sincerely,



Walter E. Wilson
Executive Director

Enclosures

This communication is a summary. For complete information on benefits, see the Plan's 2018 Federal brochure (RI-71-015). All benefits are subject to definitions limitations, and exclusions set forth in the Federal brochure.

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. To find out more information about plans available under the FEHB Program, including SBCs for other FEHB plans, please visit www.opm.gov/insure.