

2020 SAMBA – Plan Option Comparison

MEDICAL BENEFITS	STANDARD OPTION* YOU PAY	HIGH OPTION* YOU PAY	WITH MEDICARE A&B YOU PAY	
PHYSICIAN CARE				
Family Physicians	\$20 per office visit	\$15 per office visit	Nothing	
Specialists	\$30 per office visit	\$25 per office visit	Nothing	
Well-Child Visits	Nothing	Nothing	Nothing	
Annual Physicals	Nothing	Nothing	Nothing	
Adult/Child Immunizations	Nothing	Nothing	Nothing	
Teladoc® Telehealth Services	\$15 (\$0 for first 2 visits)	\$10 (\$0 for first 2 visits)	Nothing for first 2 visits	
HOSPITAL				
Inpatient	\$200 per confinement; 20% for ancillary services	\$200 per confinement; 15% for ancillary services	Nothing	
Outpatient	20%	15%	Nothing	
MATERNITY				
Hospital	Nothing	Nothing	Nothing	
Obstetrical Care	Nothing	15%	Nothing	
OTHER BENEFITS				
Cancer Screenings	Nothing	Nothing	Nothing	
Surgery	20%	15%	Nothing	
Laboratory Services	Nothing at LabCorp or Quest Diagnostics	Nothing at LabCorp or Quest Diagnostics	Nothing	
Accidental Injury Care	Nothing (within 24 hours)	Nothing (within 24 hours)	Nothing	
Calendar Year Deductible	\$350 per person	\$300 per person	No Deductible	
Out-of-Pocket Maximum	\$7,000 per person \$14,000 per family	\$6,000 per person \$12,000 per family	N/A	
*Out-of-network benefits are available, see the 2020 SAMBA Health Benefit Plan brochure (RI 71-015)				
PRESCRIPTION DRUGS				
30-Day Supply (at a Retail Pharmacy)				
Generic	\$12	\$10	Reduced copay	
Preferred Brand	35% (\$150 maximum)	30% (\$100 maximum)	Reduced coinsurance	
Non-Preferred Brand	50% (\$300 maximum)	45% (\$300 maximum)	Regular Rx benefits	
90-Day Supply (Home Delivery or at a Smart90® Retail Pharmacy)				
Generic	\$20	\$15	Reduced copay	
Preferred Brand	35% (\$300 maximum)	30% (\$200 maximum)	Reduced coinsurance	
Non-Preferred Brand	50% (\$600 maximum)	45% (\$600 maximum)	Regular Rx benefits	
PREMIUM				
	BIWEEKLY	MONTHLY	BIWEEKLY	MONTHLY
Self	\$ 78.52	\$170.13	\$180.42	\$390.91
Self Plus One	\$171.88	\$372.41	\$411.49	\$891.56
Self and Family	\$179.14	\$388.14	\$452.37	\$980.13

This is a summary of the SAMBA Health Benefit Plan. For complete information on benefits, see the Plan's 2020 Federal brochure (RI 71-015). All benefits are subject to definitions, limitations, and exclusions set forth in the Federal brochure.