

2023 SAMBA – Plan Option Comparison

	STANDARD OPTION* YOU PAY		HIGH OPTION* YOU PAY		WITH MEDICARE A&B YOU PAY
Physician Care					
Family Physicians	\$20 per office visit (Including telehealth)		\$15 per office visit (Including telehealth)		Nothing
Specialists	\$30 per office visit (Including telehealth)		\$25 per office visit (Including telehealth)		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	\$6,000 per person \$12,000 per family		\$5,000 per person \$10,000 per family		N/A
*Out-of-network benefits are available, see the 2023 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% (\$400 maximum)		45% (\$400 maximum)		Regular Rx benefits
Calendar Year Deductible	\$350 per person		\$300 per person		No Deductible
Out-of-Pocket Maximum	\$6,000 per person \$12,000 per family		\$5,000 per person \$10,000 per family		N/A
Premium					
	Biweekly	Monthly	Biweekly	Monthly	
Self	\$ 84.13	\$182.29	\$156.09	\$338.19	
Self Plus One	\$181.08	\$392.35	\$354.26	\$767.56	
Self and Family	\$191.95	\$415.89	\$386.52	\$837.46	

This is a summary of the SAMBA Health Benefit Plan. For complete information on benefits, see the Plan's 2023 Federal brochure (RI 71-015).

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