

November 1, 2023

The 2024 SAMBA Health Benefit Plan Important Plan Information

Dear Standard Option Member,

This letter is to inform you of your 2024 premium and benefit changes to your Standard Option SAMBA Health Benefit Plan. The chart below displays your 2024 premiumⁱ cost share for all enrollment codes. It also shows the difference in your cost share from the previous year.

Your 2024 coverage has several new and enhanced benefits. Listed below are the benefit changes for 2024.

Along with these new benefits, we are excited to introduce a Medicare Part D Prescription Drug Plan (PDP) our members with Medicare Parts A and/ or B primary coverage.

Standard Option Benefit Changes for 2024:

2024 Standard Option Premium		
Type	Biweekly	Monthly
Self Only (code 444)	\$85.40 +\$1.27	\$185.03 +\$2.74
Self Plus One (code 446)	\$183.80 +\$2.72	\$398.24 +\$5.89
Self & Family (code 445)	\$194.83 +\$2.88	\$422.13 +\$6.24

- **Chiropractic Care:** The Plan has increased the number of covered chiropractic manipulations from 12 to 20 manipulations per person, per calendar year.
- **Physical and Occupational Therapy:** The Plan has increased the number of covered visits for physical therapy and occupational therapy under the combined limit, from 50 to 60 visits per person, per calendar year.
- **Musculoskeletal Therapy Program:** The Plan has added an online musculoskeletal (MSK) therapy program through Hinge Health. This program will offer support for members and their covered dependents dealing with musculoskeletal issues, including acute and chronic back and joint pain. At no additional cost, eligible participants will receive virtual access to exercise therapy, motivational coaching, one-on-one support, and education that is tailored to their specific needs.

- **Infertility Services:** The Plan has increased coverage for infertility services to include the addition of the following artificial insemination procedures; intravaginal insemination (IVI), intracervical insemination (ICI), and intrauterine insemination (IUI). Additionally, the Plan no longer imposes benefit limits on covered infertility services (previously, benefits were limited to \$2,500 per person, per lifetime).
- **Fertility Drugs:** The Plan has added coverage of fertility drugs under the Plan's prescription drug benefits. Benefits for IVF-related drugs are limited to three (3) cycles per person, per calendar year.
- **Maternal Care:** The Plan has added coverage for support services provided by a certified doula under our Maternity care benefits. Coverage will be provided at 100% for both PPO and Non-PPO provided services limited to \$800 per person, per calendar year.
- **Plan Allowance / Non-PPO:** The Plan allowance for dialysis services and urine drug screening/testing provided by Non-PPO providers will be calculated under the Plan's standard rules. Previously, the Plan allowance for these services was determined using 200% of the Medicare Allowance.

For our annuitants

- **Prescription Drug Benefits:** The Plan will introduce a new pharmacy benefit for our annuitants who have Medicare A and/or Medicare B primary coverage (who are not enrolled in the Plan's UnitedHealthcare Medicare Advantage PPO for the SAMBA Health Benefit Plan). This pharmacy benefit is an Employee Group Waiver Plan (EGWP) prescription drug plan (PDP), sponsored by Express Scripts (ESI) and approved by CMS.

Our new pharmacy benefit is called the **Express Scripts Medicare® Prescription Drug Plan (PDP) for the SAMBA Health Benefit Plan**. We have designed the prescription drug copayments/coinsurances in this plan to be lower than SAMBA's regular Standard Option prescription drug benefits (see chart below).

2024 Standard Option Drug Copayments			
Supply	Drug Tier	SAMBA's Regular Standard Option	Express Scripts Medicare PDP Standard Option
30-day	Tier 1 (generic)	\$12	\$7
30-day	Tier 2 (preferred brand)	35% - \$150 Max	25% - \$150 Max
30-day	Tier 3 (non-preferred brand)	50% - \$300 Max	25% - \$300 Max
30-day	Tier 4 (specialty)	35% - \$240 Max	25% - \$240 Max
30-day	Tier 5 (non-preferred specialty)	50% - \$480 Max	N/A (all specialty drugs are Tier 4)
90-day	Tier 1 (generic)	\$20	\$12
90-day	Tier 2 (preferred brand)	35% - \$300 Max	25% - \$300 Max
90-day	Tier 3 (non-preferred brand)	50% - \$400 Max	25% - \$400 Max

Eligible members will be automatically enrolled into the Plan's **Express Scripts Medicare® Prescription Drug Plan (PDP) for the SAMBA Health Benefit Plan** unless they choose to opt-out. Members who are eligible for this prescription drug coverage will receive additional communications with more details on the plan and how to opt-out should they choose (watch your mail).

- **SAMBA's Enhanced Benefit Opportunity Benefit:** The prescription drug benefits under the Plan's UnitedHealthcare Medicare Advantage (PPO) for the SAMBA Health Benefit Plan for Tiers 2, 3, and 4 medications have been enhanced to reduce your out-of-pocket costs. The Plan has replaced the coinsurance/maximum you pay under these tiers with a flat copayment structure (see chart below).

United Healthcare Medicare Advantage (PPO) for the SAMBA Health Benefit Plan Standard Option Drug Copayments			
Supply	Drug Tier	From (2023)	To (2024)
30-day	Tier 1 (generic)	\$7	\$7
30-day	Tier 2 (preferred brand)	25% - \$150 Max	\$35
30-day	Tier 3 (non-preferred brand)	50% - \$300 Max	\$80
30-day	Tier 4 (specialty)	33% - \$240 Max	\$120
90-day	Tier 1 (generic)	\$15	\$15
90-day	Tier 2 (preferred brand)	25% - \$300 Max	\$70
90-day	Tier 3 (non-preferred brand)	50% - \$400 Max	\$160

Note: The Plan's Enhanced Benefit Opportunity is only available to eligible individuals who have both Medicare Part A and Part B primary coverage and elect to voluntarily enroll in the Plan's UnitedHealthcare Medicare Advantage PPO for the SAMBA Health Benefit Plan.

Maintaining a healthy lifestyle is a goal we all share. SAMBA members will continue to have access to several excellent resources and interactive tools to improve their health and maintain a healthy lifestyle. We urge you to take advantage of the health and wellness programs SAMBA offers. And remember to visit www.SambaPlans.com to take your Health Assessment and earn a \$25 credit toward your 2024 calendar year deductible. (This incentive is limited to two covered individuals per family, per calendar year.)

The official 2024 SAMBA Health Benefit Plan Brochure and the Summary of Benefits and Coverage (SBC) documents are available to view and download on our web site. You may also request paper copies of these documents by calling us at (800) 638-6589.

Your 2024 SAMBA ID cards will be mailed to you in late December. If you are an eligible annuitant and are auto-enrolled into the new Express Scripts Medicare® Prescription Drug Plan (PDP) for the SAMBA Health Benefit Plan, you will receive separate Medical and Pharmacy ID cards.

Also included in this packet is information on other SAMBA products that we offer that can help protect you and your family. You will find information about Dental & Vision, Long Term Disability, Term Life Insurance, and Personal Accident Insurance.

As always, we pledge to you our best efforts to deliver the excellent benefits and services you have come to expect from SAMBA and 2024 will be no exception.

Sincerely,



Pamela Cummings
Acting Executive Director

Enclosures

This communication is a summary. 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.

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 online a Summary of Benefits and Coverage (SBC) about each of its health coverage options. The SBC summarizes important information in a standard format to help you compare plans and options. To learn more about the plans available under the FEHB Program, including SBCs for other FEHB plans, visit www.opm.gov/insure.

ⁱ Premium for Tribal employees are shown under the Monthly column. The amount shown is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.