



STANDARD OPTION
HEALTH
BENEFIT PLAN 2018

2018 STANDARD OPTION BENEFITS

MEDICAL BENEFITS	IN-NETWORK* YOU PAY	WITH MEDICARE A&B YOU PAY
PHYSICIAN CARE		
Family Physicians	\$30 per office visit	Nothing
Specialists	\$30 per office visit	Nothing
Well-Child Visits	Nothing	Nothing
Annual Physicals	Nothing	Nothing
Adult/Child Immunizations	Nothing	Nothing
HOSPITAL CARE		
Inpatient	\$200 per confinement, 20% for ancillary services	Nothing
Outpatient	20%	Nothing
MATERNITY		
Hospital	Nothing	Nothing
Obstetrical Care	Nothing	Nothing
OTHER BENEFITS		
Cancer Screenings	Nothing	Nothing
Surgery	20%	Nothing
Laboratory Services	Nothing at LabCorp or Quest Diagnostics	Nothing
Accidental Injury Care	Nothing (within 24 hours)	Nothing
Calendar Year Deductible	\$400 per person	
Out-of-Pocket Maximum	\$7,000 per person; \$14,000 per family	
PRESCRIPTION DRUGS		
YOU PAY		
30-DAY SUPPLY (at a RETAIL Pharmacy)	\$12 generic 35% preferred brand name (\$150 maximum) 50% non-preferred brand name (\$300 maximum)	
90-DAY SUPPLY (Home Delivery or at a SMART90® retail pharmacy)	\$20 generic 35% preferred brand name (\$300 maximum) 50% non-preferred brand name (\$600 maximum)	
*Out-of-network benefits are available, see the 2018 SAMBA Health Benefit Plan brochure		

This is a summary of the SAMBA Health Benefit Plan. 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.

INCLUDES:

- \$30 office visits (including specialists)
- No referrals needed
- Teladoc® telehealth services
- Rx at Retail and Home Delivery
- 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 to view or download the official **2018 SAMBA Health Benefit Plan Brochure**

RATES

2018 Standard Option

	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

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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