



2022 SAMBA Health Plan Benefits

| MEDICAL BENEFITS | STANDARD OPTION with MEDICARE A&B primary YOU PAY | | HIGH OPTION with MEDICARE A&B primary YOU PAY | |
|--|---|----------------|---|----------------|
| PHYSICIAN CARE | | | | |
| Family Physicians | Nothing | | Nothing | |
| Specialists | Nothing | | Nothing | |
| Teladoc® Telehealth Services | Nothing for first 2 visits | | Nothing for first 2 visits | |
| Surgical Care | Nothing | | Nothing | |
| PREVENTIVE CARE | | | | |
| Annual Physicals | Nothing | | Nothing | |
| Immunizations | Nothing | | Nothing | |
| Cancer Screenings | Nothing | | Nothing | |
| HOSPITAL | | | | |
| Inpatient | Nothing | | Nothing | |
| Outpatient | Nothing | | Nothing | |
| OTHER BENEFITS | | | | |
| Laboratory Services | Nothing | | Nothing | |
| Accidental Injury Care | Nothing | | Nothing | |
| Calendar Year Deductible | None | | None | |
| PRESCRIPTION DRUGS | | | | |
| 30-Day Supply (at a Retail Pharmacy) | | | | |
| Generic | \$7 | | \$5 | |
| Preferred Brand | 30% (\$150 maximum) | | 25% (\$100 maximum) | |
| Non-Preferred Brand | 50% (\$300 maximum) | | 45% (\$300 maximum) | |
| 90-Day Supply (Home Delivery or at a Smart90® Retail Pharmacy) | | | | |
| Generic | \$15 | | \$10 | |
| Preferred Brand | 30% (\$300 maximum) | | 25% (\$200 maximum) | |
| Non-Preferred Brand | 50% (\$400 maximum) | | 45% (\$400 maximum) | |
| 2022 SAMBA PREMIUM | | | | |
| | BIWEEKLY | MONTHLY | BIWEEKLY | MONTHLY |
| Self | \$ 81.88 | \$177.41 | \$158.84 | \$344.15 |
| Self Plus One | \$178.62 | \$387.01 | \$363.51 | \$787.60 |
| Self and Family | \$186.36 | \$403.78 | \$394.74 | \$855.27 |

This is a summary of the SAMBA Health Benefit Plan. For complete information on benefits, see the Plan's 2022 Federal brochure (RI 71-015). All benefits are subject to definitions, limitations, and exclusions set forth in the Federal brochure.