



## 2020 SAMBA Health Plan Benefits

MEDICAL BENEFITS	STANDARD OPTION with MEDICARE A&B primary YOU PAY		HIGH OPTION with MEDICARE A&B primary YOU PAY	
<b>PHYSICIAN CARE</b>				
Family Physicians	Nothing		Nothing	
Specialists	Nothing		Nothing	
Teladoc® Telehealth Services	Nothing for first 2 visits		Nothing for first 2 visits	
Surgical Care	Nothing		Nothing	
<b>PREVENTIVE CARE</b>				
Annual Physicals	Nothing		Nothing	
Immunizations	Nothing		Nothing	
Cancer Screenings	Nothing		Nothing	
<b>HOSPITAL</b>				
Inpatient	Nothing		Nothing	
Outpatient	Nothing		Nothing	
<b>OTHER BENEFITS</b>				
Laboratory Services	Nothing		Nothing	
Accidental Injury Care	Nothing		Nothing	
Calendar Year Deductible	None		None	
<b>PRESCRIPTION DRUGS</b>				
<b>30-Day Supply</b> (at a Retail Pharmacy)	Generic	\$7	\$5	
	Preferred Brand	30% (\$150 maximum)	25% (\$100 maximum)	
	Non-Preferred Brand	50% (\$300 maximum)	45% (\$300 maximum)	
<b>90-Day Supply</b> (Home Delivery or at a Smart90® Retail Pharmacy)	Generic	\$15	\$10	
	Preferred Brand	30% (\$300 maximum)	25% (\$200 maximum)	
	Non-Preferred Brand	50% (\$600 maximum)	45% (\$600 maximum)	
<b>2020 SAMBA PREMIUM</b>	<b>BIWEEKLY</b>	<b>MONTHLY</b>	<b>BIWEEKLY</b>	<b>MONTHLY</b>
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.