



## 2023 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% (\$400 maximum)		45% (\$400 maximum)	
<b>2023 SAMBA PREMIUM</b>				
	<b>BIWEEKLY</b>	<b>MONTHLY</b>	<b>BIWEEKLY</b>	<b>MONTHLY</b>
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.