



## 2026 Medicare & 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*				
<b>30-Day Supply</b> (at a Retail Pharmacy)  Generic Preferred Brand Non-Preferred Brand	\$12 35% (\$150 maximum) 50% (\$300 maximum)		\$10 30% (\$100 maximum) 45% (\$300 maximum)	
	\$20 35% (\$300 maximum) 50% (\$400 maximum)		\$15 30% (\$200 maximum) 45% (\$400 maximum)	
2026 SAMBA PREMIUM				
	BIWEEKLY		MONTHLY	
Self	\$122.86	\$266.19	\$226.09	\$ 489.86
Self Plus One	\$236.73	\$512.92	\$500.73	\$1,084.91
Self and Family	\$257.48	\$557.88	\$544.05	\$1,178.78

\* The Prescription Drug Benefits listed here apply to those Medicare primary members who are NOT enrolled in either SAMBA's Medicare Advantage Plan or the Express Scripts Medicare PDP for the SAMBA Health Benefit Plan.

This is a summary of the SAMBA Health Benefit Plan. For complete information on benefits, see the Plan's 2026 Federal brochure (RI 71-015).

All benefits are subject to definitions, limitations, and exclusions set forth in the Federal brochure.