



## 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		
<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	\$12	\$10		
Preferred Brand	35% (\$150 maximum)	30% (\$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	\$20	\$15		
Preferred Brand	35% (\$300 maximum)	30% (\$200 maximum)		
Non-Preferred Brand	50% (\$400 maximum)	45% (\$400 maximum)		
<b>2026 SAMBA PREMIUM</b>				
	BIWEEKLY	MONTHLY	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	<b>\$257.48</b>	<b>\$557.88</b>	<b>\$544.05</b>	<b>\$1,178.78</b>

\* 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.