

# 2019 SAMBA Health Benefit Plan



MEDICAL BENEFITS	STANDARD OPTION* YOU PAY	HIGH OPTION* YOU PAY	WITH MEDICARE A&B YOU PAY	
<b>PHYSICIAN CARE</b>				
Family Physicians	\$30 per office visit	\$25 per office visit	Nothing	
Specialists	\$30 per office visit	\$25 per office visit	Nothing	
Well-Child Visits	Nothing	Nothing	Nothing	
Annual Physicals	Nothing	Nothing	Nothing	
Adult/Child Immunizations	Nothing	Nothing	Nothing	
Teladoc® Telehealth Services	\$15 per telehealth service	\$10 per telehealth service	Regular Plan Benefits	
<b>HOSPITAL</b>				
Inpatient	\$200 per confinement; 20% for ancillary services	\$200 per confinement; 15% for ancillary services	Nothing	
Outpatient	20%	15%	Nothing	
<b>MATERNITY</b>				
Hospital	Nothing	Nothing	Nothing	
Obstetrical Care	Nothing	15%	Nothing	
<b>OTHER BENEFITS</b>				
Cancer Screenings	Nothing	Nothing	Nothing	
Surgery	20%	15%	Nothing	
Laboratory Services	Nothing at LabCorp or Quest Diagnostics	Nothing at LabCorp or Quest Diagnostics	Nothing	
Accidental Injury Care	Nothing (within 24 hours)	Nothing (within 24 hours)	Nothing	
Calendar Year Deductible	\$350 per person	\$350 per person	None	
Out-of-Pocket Maximum	\$7,000 per person \$14,000 per family	\$6,000 per person \$12,000 per family	N/A	
*Out-of-network benefits are available, see the 2019 SAMBA Health Benefit Plan brochure (RI 71-015)				
<b>PRESCRIPTION DRUGS</b>				
<b>30-Day Supply</b> (at a Retail Pharmacy)				
Generic	\$12	\$10	Regular Rx benefits	
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	Regular Rx benefits	
Preferred Brand	35% (\$300 maximum)	30% (\$200 maximum)		
Non-Preferred Brand	50% (\$600 maximum)	45% (\$600 maximum)		
<b>PREMIUM</b>	<b>BIWEEKLY</b>	<b>MONTHLY</b>	<b>BIWEEKLY</b>	<b>MONTHLY</b>
Self	\$ 86.85	\$188.18	\$191.06	\$413.97
Self Plus One	\$205.22	\$444.64	\$434.45	\$941.30
Self and Family	\$203.88	\$441.74	\$485.65	\$1,052.25

This is a summary of the SAMBA Health Benefit Plan. For complete information on benefits, see the Plan's 2019 Federal brochure (RI 71-015). All benefits are subject to definitions, limitations, and exclusions set forth in the Federal brochure.