

# 2018 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	\$400 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 2018 SAMBA Health Benefit Plan brochure (RI 71-015)

<b>PRESCRIPTION DRUGS</b>					
<b>30-Day Supply</b> (at a Retail Pharmacy)	Generic – \$12 Preferred brand – 35% (\$150 maximum) Non-preferred brand – 50% (\$300 maximum)		Generic – \$10 Preferred brand – 30% (\$100 maximum) Non-preferred brand – 45% (\$300 maximum)		SAMBA's Regular Rx Benefits Apply
	<b>90-Day Supply</b> (Home Delivery or at a Smart90® Retail Pharmacy)	Generic – \$20 Preferred brand – 35% (\$300 maximum) Non-preferred brand – 50% (\$600 maximum)		Generic – \$15 Preferred brand – 30% (\$200 maximum) Non-preferred brand – 45% (\$600 maximum)	
<b>PREMIUM</b>		<b>BIWEEKLY</b>	<b>MONTHLY</b>	<b>BIWEEKLY</b>	<b>MONTHLY</b>
Self	\$ 97.59	\$211.44	\$191.99	\$415.98	
Self Plus One	\$228.06	\$494.13	\$435.72	\$944.06	
Self and Family	\$230.16	\$498.68	\$489.39	\$1,060.35	

This is a summary of the SAMBA Health Benefit Plan. For complete information on benefits, see the Plan's 2018 Federal brochure (RI 71-015). All benefits are subject to definitions, limitations, and exclusions set forth in the Federal brochure.