

## 2026 Health Benefit Plan



Offering the Cigna Network Nationwide

www.sambaplans.com



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## Available to all federal employees and annuitants

For over 75 years, SAMBA has been serving federal employees, annuitants, and their families. SAMBA is a not-for-profit employee benefit association that was established by FBI Special Agents to obtain the benefit of group insurance plans for its members.

SAMBA was one of the original plans in the Federal Employees Health Benefits Program when it began in 1960. Previously limited to FBI, Secret Service and other federal law enforcement agencies, today **SAMBA Plans are available to all federal employees and annuitants.** 

#### Want to know more about SAMBA?

Check out our website, www.SambaPlans.com, for details or give us a call at 1.800.638.6589. Our friendly staff is available to answer your questions.

SAMBA is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC).



# Both Plan Options Include

No Cost

**ANNUAL PHYSICALS** 

No Cost

**WELL CHILD VISITS** 

No Cost

**CANCER SCREENINGS** 

No Cost

ROUTINE IMMUNIZATIONS

No Cost

TELADOC® TELEHEALTH
SERVICES FOR FIRST 2
VISITS

No Cost

LAB TESTS WITH
LABCORP AND QUEST
DIAGNOSTICS



## The Cigna nationwide network of doctors and facilities.

As a SAMBA member, you have access to the extensive Cigna Open Access Plus (OAP) Network of doctors, hospitals, and other healthcare providers and facilities.

Cigna's OAP Network provides you with more than:

- 1 million Primary care doctors
- 5 million Specialists
- 49,000 Hospitals and facilities

You are free to choose any doctor and referrals to a specialist are never needed. To find a Cigna provider, use our online directory at SambaPlans.com

When scheduling an appointment, be sure to ask your provider if they participate in the Cigna Open Access Plus Network.



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#### **Health & Wellness**

## Programs and Tools

#### Free Health & Wellness Programs

**Hinge Health -** Manage and reduce your chronic musculoskeletal pain through a virtual personalized program

**Catapult Health's Virtual Checkup -** A preventive healthcare program that offers comprehensive health assessments to identify health risks early and connect you with appropriate care

**Healthy Rewards Program -** Access to wellness discounts for fitness club memberships, nutritional home delivery meal service, virtual workouts, and vision and hearing care

**Healthy Pregnancies, Healthy Babies**® – Stay healthy during your pregnancy and following your baby's birth

**Maven -** Get comprehensive support for family planning, fertility, pregnancy and postpartum, parenting, and menopause

And much more!

#### Visit SAMBA's Website

Our Web Tools provide you with a wealth of information:

Take a personal Find a Network **Review your** health assessment doctor, hospital, medical and (and receive a and other prescription drug \$25 deductible providers claim history credit) **Get the latest Price your** information about medication **SAMBA** 



## **Compare SAMBA's 2026**

## **High Option Benefits**

MEDICAL BENEFITS	IN NETWORK YOU PAY	OUT OF NETWORK YOU PAY		
PHYSICIAN CARE				
Family Physicians	\$15 per office visit	35%*		
Specialists	\$25 per office visit	35%*		
Well-Child Visits	Nothing	35%*		
Annual Physicals	Nothing	35%*		
Adult/Child Immunizations	Nothing	Nothing		
Teladoc® Telehealth Services	Nothing for first 2 visits	No Benefits		
HOSPITAL				
Inpatient	\$200 per confinement; 15% for ancillary services	\$300 per admission, 35% for room & board and other services		
Outpatient	15%	35%*		
MATERNITY				
Hospital	Nothing	\$300 per admission, 35% for room & board and other services		
Obstetrical Care	15%*	35%*		
OTHER BENEFITS				
Cancer Screenings	Nothing	35%*		
Infertility Services	15%*	35%*		
Surgery	15%*	35%*		
Laboratory Services	Nothing at LabCorp or Quest Diagnostics	35%*		
Accidental Injury Care	Nothing (within 24 hours)	Nothing (within 24 hours)		
Calendar Year Deductible	\$300 per person \$600 per family	\$300 per person \$600 per family		
Out-of-Pocket Maximum	\$5,000 per person \$10,000 per family	\$6,000 per person \$12,000 self + one \$14,000 per family		

<sup>\*</sup>Calendar year deductible applies

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.

**Overseas Coverage is Included for both options -** If you work, live or travel outside of the United States you have coverage with the SAMBA Health Benefit Plan. And, we pay eligible charges at the PPO level of benefits. That means lower out-of-pocket costs for you.

## **Health Plan Options**

## **Standard Option Benefits**

MEDICAL BENEFITS	IN NETWORK YOU PAY	OUT OF NETWORK YOU PAY	
PHYSICIAN CARE			
Family Physicians	\$20 per office visit	45%*	
Specialists	\$30 per office visit	45%*	
Well-Child Visits	Nothing	45%*	
Annual Physicals	Nothing	45%*	
Adult/Child Immunizations	Nothing	Nothing	
Teladoc® Telehealth Services	Nothing for first 2 visits	No Benefits	
HOSPITAL			
Inpatient	\$200 per confinement; 20% for ancillary services	\$400 per admission, 45% for room & board and other services	
Outpatient	20%*	45%*	
MATERNITY			
Hospital	Nothing	\$400 per admission, 45% for room & board and other services	
Obstetrical Care	Nothing	45%*	
OTHER BENEFITS			
Cancer Screenings	Nothing	45%*	
Infertility Services	20%*	45%*	
Surgery	20%*	45%*	
Laboratory Services	Nothing at LabCorp or Quest Diagnostics	45%*	
Accidental Injury Care	Nothing (within 24 hours)	Nothing (within 24 hours)	
Calendar Year Deductible	\$350 per person \$700 for self + one \$900 per family	\$350 per person \$700 for self + one \$900 per family	
Out-of-Pocket Maximum	\$6,000 per person \$12,000 per family	\$8,500 per person \$14,000 per family	

<sup>\*</sup>Calendar year deductible applies

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.



## 2026 High Option

## Prescription Drug Benefits

PRESCRIPTION B	ENEFITS	SAMBA'S HIGH OPTION* YOU PAY	SAMBA'S MEDICARE PDP/EGWP YOU PAY
	Generic	\$10	\$5
<b>30-DAY SUPPLY</b> (at a Retail Pharmacy)	Preferred Brand Name	30% (\$100 maximum)	20% (\$100 maximum)
	Non-Preferred Brand Name	45% (\$300 maximum)	25% (\$300 maximum)
90-DAY SUPPLY (Home Delivery or at a Smart90® Retail Pharmacy)	Generic	\$15	\$10
	Preferred Brand Name	30% (\$200 maximum)	20% (\$200 maximum)
	Non-Preferred Brand Name	45% (\$400 maximum)	25% (\$400 maximum)
SPECIALTY DRUGS 30-DAY SUPPLY	Generic	30% (\$160 maximum)	
	Preferred Brand Name	30% (\$160 maximum)	25% (\$160 maximum)
(may require prior authorization)	Non-Preferred Brand Name	45% (\$320 maximum)	

<sup>\*</sup>For retail purchases made at a non-Network pharmacy, you pay the same per prescription copayments/coinsurances as listed above, plus the difference in cost had you used a participating Plan network pharmacy.

#### **SAMBA's Prescription Drug Benefits Include**

#### **PHARMACY NETWORK**

SAMBA's prescription drug program is managed by Express Scripts, a leading nationwide pharmacy benefit manager.

Through the Express Scripts pharmacy network, you have access to over 61,000 pharmacies nationwide.

#### **RETAIL PURCHASES**

Picking up your prescription at a neighborhood pharmacy has never been easier. Obtain a 30day supply and one refill through any pharmacy in the Express Scripts network.

If you are taking maintenance or long-term medications, you can purchase a 90-day supply at a participating Express Scripts Smart90® retail pharmacy.

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.

## **2026 Standard Option**

## Prescription Drug Benefits

PRESCRIPTION B	BENEFITS	STANDARD OPTION* YOU PAY	SAMBA'S MEDICARE PDP/EGWP YOU PAY
	Generic	\$12	\$7
<b>30-DAY SUPPLY</b> (at a Retail Pharmacy)	Preferred Brand Name	35% (\$150 maximum)	25% (\$150 maximum)
	Non-Preferred Brand Name	50% (\$300 maximum)	25% (\$300 maximum)
90-DAY SUPPLY (Home Delivery or at a Smart90® Retail Pharmacy)	Generic	\$20	\$12
	Preferred Brand Name	35% (\$300 maximum)	25% (\$300 maximum)
	Non-Preferred Brand Name	50% (\$400 maximum)	25% (\$400 maximum)
SPECIALTY	Generic	35% (\$240 maximum)	
DRUGS 30-DAY SUPPLY	Preferred Brand Name	35% (\$240 maximum)	25% (\$240 maximum)
(may require prior authorization)	Non-Preferred Brand Name	50% (\$480 maximum)	

<sup>\*</sup>For retail purchases made at a non-Network pharmacy, you pay the same per prescription copayments/coinsurances as listed above, plus the difference in cost had you used a participating Plan network pharmacy.

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.



#### **SPECIALTY DRUGS**

These medications are typically used to treat chronic complex conditions and are generally not available at a retail pharmacy.

These drugs will be delivered promptly to your home or doctor's office by Accredo, your exclusive specialty pharmacy.

#### **MAIL ORDER PURCHASES**

You can skip the trip to the pharmacy and purchase a 90-day supply of your maintenance medications through the Express Scripts Mail Service.

Prescriptions are delivered right to your door with the option to request automatic refills — making it easy and convenient to get your needed medications.

#### SAMBA and Medicare

#### IF YOU HAVE MEDICARE, SAMBA HAS MULTIPLE OPTIONS FOR YOU TO CONSIDER.

## THE UNITEDHEALTHCARE® MEDICARE ADVANTAGE FOR THE SAMBA HEALTH BENEFIT PLAN

Visit **retiree.uhc.com/samba** for more information.

If you have both Medicare Parts A and B as your primary coverage, you are eligible to enroll in the UnitedHealthcare® Medicare Advantage (PPO) for the SAMBA Health Benefit Plan.

This plan enhances your SAMBA coverage by reducing or eliminating cost-sharing for services and adding benefits at no additional cost. It also includes a Medicare Part B subsidy of \$100 per month for High Option and \$75 per month for Standard Option.

The UnitedHealthcare® Medicare Advantage (PPO) for the SAMBA Health Benefit Plan delivers all the benefits of Original Medicare (Parts A and B) and includes prescription drug coverage (Part D).

## THE EXPRESS SCRIPTS MEDICARE® PDP FOR THE SAMBA HEALTH BENEFIT PLAN

For more information, visit express-scripts.com/medd/samba.

If you are an annuitant enrolled in Medicare Part A and/or Part B as your primary coverage, you are eligible for enrollment in the Express Scripts Medicare® PDP (Prescription Drug Plan) for the SAMBA Health Benefit Plan.

Through our partnership with Express Scripts, we have designed this plan to provide better benefit coverage than the standard Medicare Part D program. The Express Scripts Medicare® PDP for the SAMBA Health Benefit Plan enhances your SAMBA coverage by reducing the overall cost-sharing for your prescription drug purchases by including lower copays, lower out-of-pocket maximums, enhanced prescription drug coverage, and a broader pharmacy network.

#### MEDICARE AND YOUR SAMBA HEALTH BENEFIT PLAN

Visit our website at **sambaplans.com** for more information.

If you have Original Medicare Parts A and/or B as your primary coverage and you elect not to enroll in our Medicare Advantage Plan or opt-out of our Medicare Prescription Drug Plan, you will retain your regular coverage in the SAMBA Health Benefit Plan.

Regardless of which Plan Option you choose, you will still receive comprehensive benefits. In most cases, SAMBA will waive your calendar year deductible and most copayments and coinsurances, (except prescription drugs), and pay Medicare's deductible and coinsurance for services covered by both Medicare and SAMBA.

## How Can We Help? SAMBA's Other Plans

SAMBA offers an array of insurance plans and products that provide valuable coverage to you and your family. These plans were designed to meet the needs of all federal employees and retirees and you can enroll for coverage at any time - there is no waiting for an open enrollment period.

#### **DENTAL & VISION PLAN**

Choice of two plan options - DMO or PPO. Both options include vision benefits at no additional cost.

You have the freedom to change dental options at any time. And your eligible children are covered up to age 26.

## PERSONAL ACCIDENT INSURANCE

Secure your family's future with 24/7 around-the-clock protection in the event of accidental death or dismemberment.

SAMBA's Personal Accident Insurance plan is available to all active and retired federal employees under age 70 for just pennies a day. There's no medical exam, and you cannot be denied coverage due to age or health. Choose the level of coverage that is right for you – \$10,000 to \$500,000.

#### **TERM LIFE INSURANCE**

Take care of your family – even if you can't be there.

Life insurance benefits can help your family meet their expenses after your death. With coverage available up to \$750,000,

protects your loved ones.

And, Accidental Death
and Dismemberment
(AD&D) benefit is included
at no additional cost.

#### LONG TERM DISABILITY

Financial security and peace of mind if you are unable to work due to a disabling illness or injury on or off the job.

You depend on your income, so you can't afford not to protect it. If a disability keeps you from working, this important coverage can provide the income you need to continue meeting day-to-day expenses. Available to full-time active federal employees, the SAMBA Long-Term Disability plan provides financial security when you can't work.

To get more information or to enroll in any of these plans, visit SambaPlans.com or contact SAMBA's Customer Service at 800.638.6589.



### 2026 SAMBA Health Benefit Plan

RATES			
	Enrollment Code	Biweekly	Monthly
	Self Only (code 441)	\$226.09	\$489.86
High Option	Self Plus One (code 443)	\$500.73	\$1,084.91
	Self & Family (code 442)	\$544.05	\$1,178.78
	Self Only (code 444)	\$122.86	\$266.19
Standard Option	Self Plus One (code 446)	\$236.73	\$512.92
	Self & Family (code 445)	\$257.48	\$557.88

### For more information, please contact us.

#### BY MAIL:

SAMBA Health Benefit Plan 11301 Old Georgetown Road Rockville, MD 20852-2800

#### BY SECURE EMAIL VIA WEBSITE

www.SambaPlans.com/contact-us/

#### **BY PHONE:**

Customer Service 8 a.m. to 5 p.m. ET 1.800.638.6589

