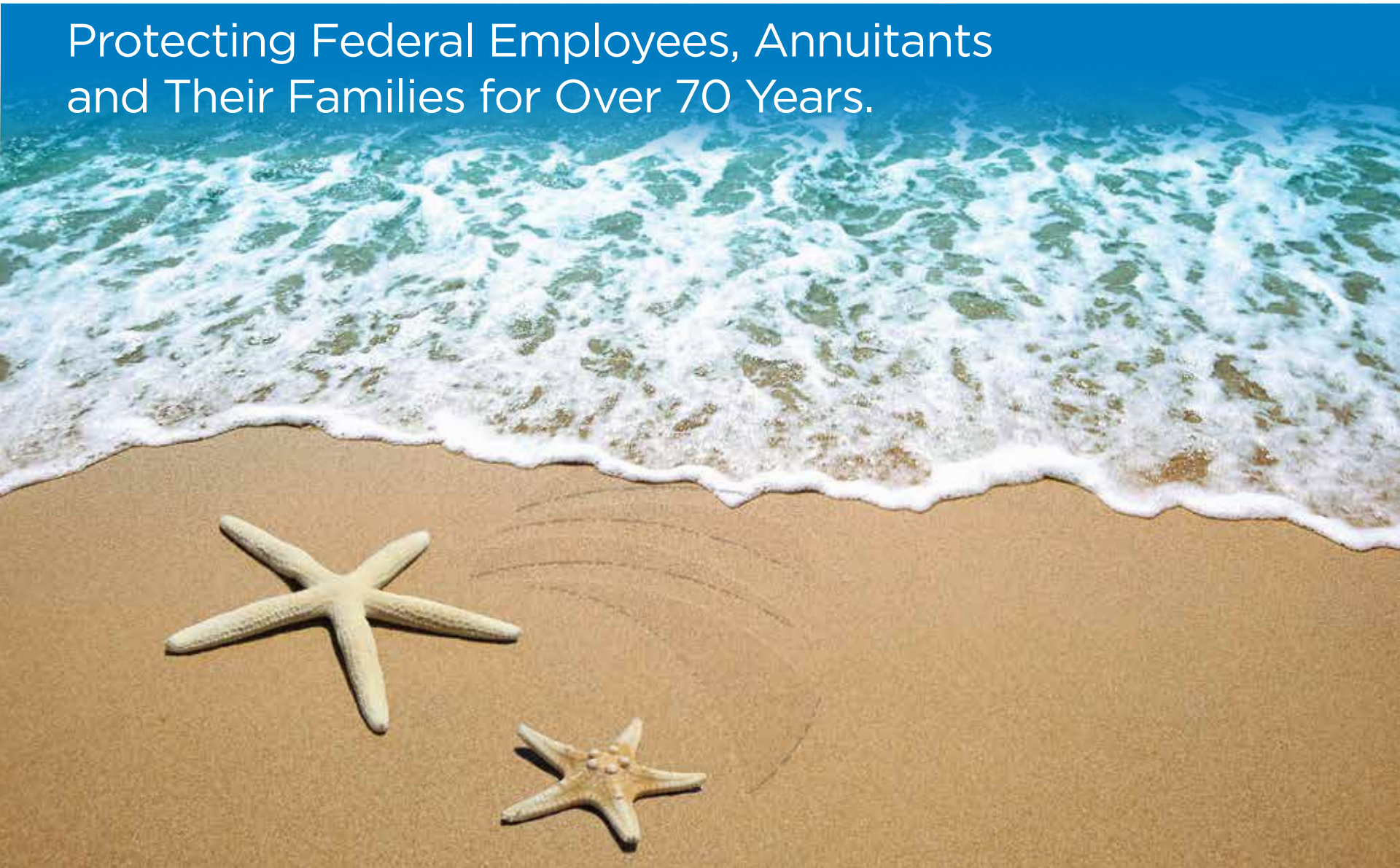




2019 Standard Option Health Plan

Protecting Federal Employees, Annuitants
and Their Families for Over 70 Years.



Standard Option

INCLUDES:

- ▶ Cigna's Nationwide Provider Network
- ▶ Freedom to choose any provider
- ▶ No referrals needed
- ▶ Worldwide coverage
- ▶ Free Health & Wellness Programs

NO COST FOR:

- ▶ Annual Physicals
- ▶ Maternity Care
- ▶ Routine Immunizations
- ▶ Cancer Screenings
- ▶ LabCorp & Quest Lab services

MEDICAL BENEFITS	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
PHYSICIAN CARE		
Family Physicians	\$30 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	\$15 per telehealth service	No Benefit
HOSPITAL CARE		
Inpatient	\$200 per confinement, 20% for ancillary services	\$400 per confinement; plus 45%
Outpatient	20%*	45%*
MATERNITY		
Hospital	Nothing	\$400 per confinement; plus 45%
Obstetrical Care	Nothing	45%*
OTHER BENEFITS		
Cancer Screenings	Nothing	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	\$350 per person

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.

* The calendar year deductible applies.

Offering the



Network Nationwide

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PRESCRIPTION BENEFITS	YOU PAY
30-DAY SUPPLY (at a Retail Pharmacy)	
Generic	\$12
Preferred Brand Name	35% (\$150 maximum)
Non-Preferred Brand Name	50% (\$300 maximum)
90-DAY SUPPLY (Smart90® Retail Pharmacy or Home Delivery)	
Generic	\$20
Preferred Brand Name	35% (\$300 maximum)
Non-Preferred Brand Name	50% (\$600 maximum)
SPECIALTY DRUGS (30-Day Supply)	
Generic	35% (\$240 maximum)
Preferred Specialty	35% (\$240 maximum)
Non-Preferred Specialty	50% (\$480 maximum)

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.

For retail purchases made at an out-of-Network pharmacy, you pay the same copayments listed above plus the difference in cost had you used an in-Network pharmacy.

Standard Option

RETAIL PURCHASES:

- ▶ **A 30-day supply and one refill at a retail pharmacy**
- ▶ **Up to a 90-day supply at a participating SMART90® retail pharmacy; pay the applicable mail order copayment**

HOME DELIVERY:

- ▶ **Up to a 90-day supply through the Express Scripts Mail Service**

SPECIALTY DRUGS:

- ▶ **Available to treat chronic complex conditions**

Express Scripts is the Pharmacy Benefit Manager for the SAMBA Health Plan.



Visit SambaPlans.com to view or download the official **2019 SAMBA Health Benefit Plan** Brochure

2019 Standard Option

RATES		
Enrollment Code	Biweekly	Monthly
Self Only (code 444)	\$86.85	\$188.18
Self Plus One (code 446)	\$205.22	\$444.64
Self & Family (code 445)	\$203.88	\$441.74

These rates do not apply to all enrollees. If you are in a special enrollment category, (such as postal employees) please contact the agency which maintains your health benefits enrollment.



For more information or to learn about our **Dental & Vision, Life Insurance,** and **Long Term Disability** plans, please contact us.

By Mail:

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

By Secure Email:

www.SambaPlans.com/contact-us

By Phone:

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