

2016 SAMBA Health Plan Benefits

Medical Benefits	Standard Option* You Pay	High Option* You Pay	With Medicare A&B You Pay
Physician Care			
Family Physicians	\$20 per office visit	\$20 per office visit	Nothing
Specialists	\$20 per office visit	\$20 per office visit	Nothing
Well-Child Visits	Nothing	Nothing	Nothing
Annual Physicals	Nothing	Nothing	Nothing
Adult/Child Immunizations	Nothing	Nothing	Nothing
Hospital			
Inpatient	Nothing for room & board; \$200 copay per confinement; 15% for other services	Nothing for room & board; \$200 copay per confinement; 10% for other services	Nothing
Outpatient	15%	10%	Nothing
Maternity			
Hospital	Nothing	Nothing	Nothing
Obstetrical Care	Nothing	10%	Nothing
Other Benefits			
Cancer Screenings	Nothing	Nothing	Nothing
Surgery	15%	10%	Nothing
Laboratory Services	Nothing at LabCorp or Quest Diagnostics	Nothing at LabCorp or Quest Diagnostics	Nothing
Accidental Injury Care	Nothing (within 72 hours)	Nothing (within 72 hours)	Nothing
Calendar Year Deductible	\$350 per person	\$300 per person	None
Catastrophic Protection	\$5,000 per person \$10,000 per family	\$3,500 per person \$7,000 per family	N/A

*Out-of-network benefits are available, see the 2016 SAMBA Health Benefit Plan brochure (RI 71-015)

Prescription Drugs			
Retail (up to a 30-day supply) ¹	Generic – \$8 Preferred brand – 30% (\$40 min./\$70 max.) Non-preferred brand – 40% (\$60 min./\$110 max.)	Generic – \$8 Preferred brand – 20% (\$40 min./\$55 max.) Non-preferred – 35% (\$60 min./\$100 max.)	SAMBA's Regular Rx Benefits Apply
Mail Order (up to a 90-day supply)	Generic – \$15 Preferred brand – 30% (\$80 min./\$150 max.) Non-preferred brand – 40% (\$120 min./\$275 max.)	Generic – \$12 Preferred brand – 20% (\$80 min./\$110 max.) Non-preferred – 35% (\$120 min./\$225 max.)	

A 90-day prescription can also be filled at select participating pharmacies at mail order copay

Premium	Biweekly	Monthly	Biweekly	Monthly
Self	\$ 63.44	\$137.45	\$133.79	\$289.88
Self Plus One	\$139.57	\$302.40	\$302.74	\$655.93
Self and Family	\$145.91	\$316.14	\$344.69	\$746.83

¹ Limited to the initial fill and one refill per prescription

This is a summary of the SAMBA Health Benefit Plan. For complete information on benefits, see the Plan's 2016 Federal brochure (RI 71-015). All benefits are subject to definitions, limitations, and exclusions set forth in the Federal brochure.