

2022 Samaritan Choice Plans  
**Schedule of Benefits**



**Wellness Plan**

Benefit description	Member(s) responsibility	
	In-network	Out-of-network
<b>Deductible: single/family</b> <ul style="list-style-type: none"> <li>Per calendar year.</li> <li>Medical.</li> <li>Some services do not apply to the deductible, as indicated in the schedule.</li> </ul>	\$450/\$1,350	There is no separate deductible for out-of-network services.
<b>Out-of-pocket limit: single/family</b> <ul style="list-style-type: none"> <li>Per calendar year.</li> <li>Medical and pharmacy.</li> </ul>	\$7,200/\$14,400	Unlimited
Preventive services	In-network	Out-of-network
<b>Colorectal screening</b>	No charge, deductible does not apply	30%, deductible does not apply
<b>Immunizations</b>	No charge, deductible does not apply	30%, deductible does not apply
<b>Routine gynecological exams</b>	No charge, deductible does not apply	30%, deductible does not apply
<b>Routine physicals</b>	No charge, deductible does not apply	30%, deductible does not apply
<b>Well baby care</b>	No charge, deductible does not apply	30%, deductible does not apply
Professional services	In-network	Out-of-network
<b>Primary care visits<sup>1</sup></b>	\$25, deductible applies	30%, deductible applies
<b>In-office procedures</b>	\$25, deductible applies	30%, deductible applies
<b>Specialist visits</b>	\$40, deductible applies	30%, deductible applies
<b>In-office procedures</b>	\$40, deductible applies	30%, deductible applies
<b>Surgery professional (at hospital or ASC)</b>	\$60, deductible applies	30%, deductible applies
<b>Telehealth visit</b>	No charge, deductible does not apply	30%, deductible applies
<b>Urgent care center visits</b>	\$40, deductible applies	\$40, deductible applies

<b>Benefit description</b>	<b>Member(s) responsibility</b>	
<b>Care coordination services</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Office visit</b> For asthma, diabetes, congestive heart failure (CHF), coronary artery disease (CAD) and chronic obstructive pulmonary disease (COPD).	No charge, deductible applies	30% deductible applies
<b>Education services</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Office visit for specified education services</b>	No charge, deductible applies	30% deductible applies
<b>Hospital/inpatient services</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Bariatric surgery<sup>2</sup></b>	\$5,000, deductible does not apply (does not apply to out-of-pocket limit)	Not covered
<b>Inpatient room and board (SHS facility)</b>	\$175/day, up to \$875 maximum per stay, deductible applies	N/A
<b>Inpatient room and board (Non-SHS facility)</b>	\$300/day, up to \$1,500 maximum per stay, deductible applies	30%, deductible applies
<b>Inpatient rehabilitative care (SHS facility)</b>	\$175/day, up to \$875 maximum per stay, deductible applies	N/A
<b>Inpatient rehabilitative care (Non-SHS facility)</b>	\$300/day, up to \$1,500 maximum per stay, deductible applies	30%, deductible applies
<b>Skilled nursing facility care</b>	No charge, deductible applies	30%, deductible applies
<b>Emergency services</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Ambulance, air</b>	30%, deductible applies	30%, deductible applies
<b>Ambulance, ground</b>	30% after \$100 copay, deductible applies	30% after \$100 copay, deductible applies
<b>Emergency department visits: copay waived if admitted</b>	\$150, deductible applies	\$150, deductible applies
<b>Outpatient services</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Outpatient surgery (SHS designated facilities)</b>	\$150, deductible applies	N/A
<b>Outpatient surgery (Non-SHS facility)</b>	\$250, deductible applies	30%, deductible applies

<b>Benefit description</b>	<b>Member(s) responsibility</b>	
<b>Lab</b>	No charge, deductible applies	30%, deductible applies
<b>Electrocardiogram (ECG/EKG)</b>	\$25, deductible applies	30%, deductible applies
<b>Radiology</b>	\$25, deductible applies	30%, deductible applies
<b>Value-based services</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>High-tech imaging services<sup>3,4</sup></b> (CT scans, MRIs and PET scans)	\$200, deductible does not apply (does not apply to out-of-pocket limit)	30%, deductible does not apply (does not apply to out-of-pocket maximum)
<b>Specified surgical procedures<sup>3,4</sup></b> (Spine surgery for pain, arthroscopies, shoulder surgery for osteoarthritis)	\$400, deductible does not apply (does not apply to out-of-pocket limit)	30%, deductible does not apply (does not apply to out-of-pocket limit)
<b>Substance use disorder</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Office visits</b>	\$40, deductible applies	30%, deductible applies
<b>Inpatient care</b> (SHS facility)	\$175/day, up to \$875 maximum per stay, deductible applies	N/A
<b>Inpatient care</b> (Non-SHS facility)	\$300/day, up to \$1,500 maximum per stay, deductible applies	30%, deductible applies
<b>Outpatient intensive services and programs</b> (including partial hospitalization for substance use disorder)	30%, deductible applies	30%, deductible applies
<b>Residential programs</b>	30%, deductible applies	30%, deductible applies
<b>Mental health</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Office visits</b>	\$25, deductible applies	30%, deductible applies
<b>Inpatient care</b> (SHS facility)	\$175/day, up to \$875 maximum per stay, deductible applies	N/A
<b>Inpatient care</b> (Non-SHS facility)	\$300/day, up to \$1,500 maximum per stay, deductible applies	30%, deductible applies
<b>Partial hospitalization</b>	30%, deductible applies	30%, deductible applies
<b>Residential programs</b>	30%, deductible applies	30%, deductible applies
<b>Other services</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Acupuncture</b>	\$35, deductible applies	35%, deductible applies
<b>Chiropractic<sup>5</sup></b>	\$25, deductible applies (covered up to \$850/year)	30%, deductible applies (covered up to \$850/year)

Benefit description	Member(s) responsibility	
Allergy injections (most) <sup>6</sup>	\$15, deductible applies	30%, deductible applies
Injectables and other drugs administered in the office (other than oral medications) <sup>6</sup>	20%, deductible applies	20%, deductible applies
Continuous glucose monitors <sup>7</sup>	No charge, deductible applies	50%, deductible applies
Durable medical equipment (DME), prosthetics, orthotics and medical supplies	30%, deductible applies	50%, deductible applies
Hearing aids	Covered up to \$1,000/year, deductible applies No limit for children ages 20 and under	Covered up to \$1,000/year, deductible applies No limit for children ages 20 and under
Home health care	\$30, deductible applies	30%, deductible applies
Hospice	No charge, deductible applies	30%, deductible applies
Occupational therapy	\$35, deductible applies	30%, deductible applies
Physical therapy (SHS physical therapy providers)	\$30, deductible applies	N/A
Physical therapy (Non-SHS physical therapy providers)	\$35, deductible applies	30%, deductible applies
Speech therapy	\$35, deductible applies	30%, deductible applies
Panniculectomy <sup>8</sup>	50%, deductible does not apply (does not apply to out-of-pocket limit)	Not covered
<b>Pharmacy</b>	<b>In-network</b>	<b>Out-of-network</b>
Tier 1: Preventive	<b>1-90 day supply:</b> No charge, deductible does not apply	Not covered
Tier 2: Low-cost therapeutic	<b>1-34 day supply:</b> \$3, deductible does not apply <b>35-60 day supply:</b> \$6, deductible does not apply <b>61-90 day supply:</b> \$9, deductible does not apply	Not covered

Benefit description	Member(s) responsibility	
<b>Tier 3: Preferred</b>	<b>1-34 day supply:</b> \$15, deductible does not apply <b>35-60 day supply:</b> \$30, deductible does not apply <b>61-90 day supply:</b> \$45, deductible does not apply	Not covered
<b>Tier 4: High-cost preferred</b>	<b>1-90 day supply:</b> \$25 or 25% (whichever is less), deductible does not apply	Not covered
<b>Tier 5: Non-preferred</b>	<b>1-90 day supply:</b> \$250 or 50% (whichever is less), deductible does not apply	Not covered
<b>Tier 6: High-cost specialty</b>	<b>1-34 day supply:</b> 15% deductible does not apply	Not covered

- 1 Primary care provider visit is defined as services provided by a pediatric, family medicine, internal medicine or OB-GYN.
- 2 Bariatric surgery is covered only at in-network/designated facilities and subject to their policies and surgical criteria.
- 3 Value based copay does not apply if coded as emergency room services. Cost shares will default to normal benefit for emergency room services.
- 4 Value based copay does not apply towards annual deductibles and out-of-pocket limits. Other applicable copay or coinsurance must be separately paid as applicable (e.g. office visits, lab services, etc.).
- 5 Chiropractic benefit only includes manipulations and exams. This benefit does not include X-rays, labs, radiology or other services that are not considered to be a manipulation treatment.
- 6 Contact Customer Service to determine your copay or coinsurance levels and applicable services.
- 7 Procedure codes that apply to the continuous glucose monitor benefit are as follows: A9276, A9277, A9278, K0553 and K0554.
- 8 Panniculectomy services will only be covered when bariatric surgery has been performed at an in-network provider facility and will only be allowed after bariatric surgery has been authorized and performed by an in-network/designated facility.