

SAMARITAN EVERYDAY CHOICES

FOR LARGE GROUPS IN OREGON

2017 BENEFITS (Member pays)

The benefits information provided is a brief summary and not a complete description of benefits. Limitations and exclusions apply.

SAMARITAN EVERYDAY CHOICES OPTION 1

WELLNESS SERVICES

Members have a \$0 cost share.
Services are coordinated by Samaritan Health Plans.

Individual wellness assessment

An interactive, online questionnaire that when completed can provide you with important information, resources, and tools for your life-health and well-being.

Health risk screening

Short, confidential health examination that identifies your risk for certain diseases and medical conditions. It helps you understand where you should take action to improve your health.

Personal health coach

A trained and certified professional that works with you in confidential, one-on-one sessions to assist you in reaching your health and wellness goals.

| | In-network | Out-of-network |
|---|--|---|
| MEDICAL BENEFITS | | |
| Deductible Per calendar year [medical only] [medical & pharmacy] | Individual: [\$0 - \$7,150] Family: [\$0- \$14,300] | Individual: [\$0- \$14,300] Family: [\$0 - \$28,600] |
| Out-of-pocket maximum Per calendar year [medical only] [medical & pharmacy] | Individual: [\$0 - \$7,150] Family: [\$0- \$13,700] | Individual: [\$0- \$14,300] Family: [\$0 - \$28,600] |
| Lifetime benefit maximum | Unlimited | Unlimited |
| Primary care ¹ Office visits, in-office procedures, and professional charges | \$20, not subject to deductible | 50%, after deductible |
| Urgent care ¹ | \$20, not subject to deductible | \$20, not subject to deductible |
| Specialty care ¹ Office visits, in-office procedures, and professional charges | \$35, not subject to deductible | 50%, after deductible |
| Radiology/Labs ^{1,2,3} | \$0, not subject to deductible | 50%, after deductible |
| Emergency care Waived if admitted to hospital | [\$100 - \$350], after deductible | [\$100 - \$350], after deductible |
| Mental health and chemical dependency ¹ Office visits | \$15, not subject to deductible | 50%, after deductible |
| Preventive care and services ^{1,2} Including well baby care, routine physicals, routine gynecological exams, immunizations, colorectal screening, ACA required services. | \$0, not subject to deductible | 50%, after deductible |
| Outpatient surgery ³ Facility and professional charges | 20%, after deductible | 50%, after deductible |
| Inpatient hospital ³ | 20%, after deductible | 50%, after deductible |
| Inpatient rehabilitative care ³ | 20%, after deductible | 50%, after deductible |
| Skilled nursing facility care ³ Up to 60 days per benefit year* | \$0, after deductible | 50%, after deductible |
| Bariatric surgery/Gastric banding ^{1,3} Lap band surgery | \$5,000 - does not accrue to member out-of-pocket or deductible limits; listed copay does not include other applicable cost shares | Not covered |

SAMARITAN EVERYDAY CHOICES OPTION 1**2017 BENEFITS (Member pays)****In-network****Out-of-network****MEDICAL BENEFITS**

| | | |
|---|--|---------------------------------|
| Specialized surgical procedures ¹ Spine surgery for pain, arthroscopies, shoulder surgery for osteoarthritis | \$400, not subject to deductible | 50%, after deductible |
| High tech imaging services ³ CT scans, MRIs and PET scans | \$200, after deductible | 50%, after deductible |
| Mental health and chemical dependency ³ Inpatient care | 20%, after deductible | 50%, after deductible |
| Mental health and chemical dependency ³ Residential programs | 30%, after deductible | 50%, after deductible |
| Physical therapy | \$25, after deductible | 50%, after deductible |
| Occupational therapy | \$25, after deductible | 50%, after deductible |
| Speech therapy | \$25, after deductible | 50%, after deductible |
| Allergy injections ⁴ | \$5, after deductible | 50%, after deductible |
| Injectables ⁴ And other drugs administered other than orally (when rendered in the office) | 10%, after deductible | 50%, after deductible |
| Ambulance, ground | \$100 and 30%, after deductible | \$100 and 30%, after deductible |
| Ambulance, air | 30%, after deductible | 30%, after deductible |
| Durable medical equipment (DME) ³ | 30%, after deductible | 50%, after deductible |
| Home health care | \$15, after deductible | 50%, after deductible |
| Hospice | \$0, after deductible | 50%, after deductible |
| Hearing aids, cochlear implants ³ | One pair per four years, after deductible per impaired ear | 50%, after deductible |
| Transplants ³ | 50%, after deductible | 50%, after deductible |

PHARMACY BENEFITS

| | | |
|--|---|-----------------------|
| Preventive ^{1, 2, 3} | \$0, not subject to deductible, for: • Specified generic drugs • Selected asthma medications • Tobacco cessation drugs/ supplies • Preventive medications | 50%, after deductible |
| Generic ^{1, 2, 3} | \$0, not subject to deductible | 50%, after deductible |
| Preferred ^{1, 3} | \$25, not subject to deductible | 50%, after deductible |
| Non-preferred ^{1, 3} | \$75, not subject to deductible | 50%, after deductible |
| High-cost specialty drugs ^{1, 3} | 10%, not subject to deductible | 50%, after deductible |

**VISION COVERAGE AVAILABLE
ALTERNATIVE CARE RIDERS AVAILABLE**¹ These services are not subject to the deductible.² 100% covered by the plan³ May require a Prior Authorization⁴ Contact Customer Service at 541-768-4550 or 1-800-832-4580 to determine your co-pay or co-insurance levels^{*}Limits do not apply to those services rendered to a member with a Mental Health or Chemical Dependency diagnosis