

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 2

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 & 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 & pharmacy]	Individual: [\$0 - \$7,150] Family: [\$0 - \$14,300]	Individual: [\$0 - \$14,300] Family: [\$0 - \$28,600]
Lifetime benefit maximum	Unlimited	Unlimited
Primary care ¹ Office visits, in-office procedures, and professional charges	\$30, not subject to deductible	50%, after deductible
Urgent care ¹	\$30, not subject to deductible	\$30, not subject to deductible
Specialty care ¹ Office visits, in-office procedures, and professional charges	\$45, 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	\$25, 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	25%, after deductible	50%, after deductible
Inpatient hospital ³	25%, after deductible	50%, after deductible
Inpatient rehabilitative care ³	25%, 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 2**2017 BENEFITS (Member pays)****In-network****Out-of-network****MEDICAL BENEFITS**

Specialized surgical procedures ¹ Spine surgery for pain, arthroscopies, shoulder surgery for osteoarthritis	\$500, not subject to deductible	50%, after deductible
High tech imaging services ³ CT scans, MRIs and PET scans	\$300, after deductible	50%, after deductible
Mental health and chemical dependency ³ Inpatient care	25%, after deductible	50%, after deductible
Mental health and chemical dependency ³ Residential programs	30%, after deductible	50%, after deductible
Physical therapy	\$35, after deductible	50%, after deductible
Occupational therapy	\$35, after deductible	50%, after deductible
Speech therapy	\$35, 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	\$25, 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: <ul style="list-style-type: none"> • Specified generic drugs • Selected asthma medications • Tobacco cessation drugs/ supplies • Preventive medications 	50%, after deductible
Generic ^{1,3}	\$7, not subject to deductible	50%, after deductible
Preferred ^{1,3}	\$50, not subject to deductible	50%, after deductible
Non-preferred ^{1,3}	\$100, not subject to deductible	50%, after deductible
High-cost specialty drugs ^{1,3}	20%, 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