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 BASIC**
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 - $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	$35, not subject to deductible	50%, after deductible
Urgent care [1]	$60, not subject to deductible	$60, not subject to deductible
Specialty care [1] Office visits, in-office procedures, and professional charges	$50, 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	$30, 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	30%, after deductible	50%, after deductible
Inpatient hospital [3]	30%, after deductible	50%, after deductible
Inpatient rehabilitative care [3]	30%, 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 Health Plans

2017 BENEFITS (Member pays)	SAMARITAN EVERYDAY CHOICES BASIC In-network	Out-of-network
MEDICAL BENEFITS		
Specialized surgical procedures [1] Spine surgery for pain, arthroscopies, shoulder surgery for osteoarthritis	$600, not subject to deductible	50%, after deductible
High tech imaging services [3] CT scans, MRIs and PET scans	$400, after deductible	50%, after deductible
Mental health and chemical dependency [3] Inpatient care	30%, after deductible	50%, after deductible
Mental health and chemical dependency [3] Residential programs	30%, after deductible	50%, after deductible
Physical therapy	$40, after deductible	50%, after deductible
Occupational therapy	$40, after deductible	50%, after deductible
Speech therapy	$40, after deductible	50%, after deductible
Allergy injections [4]	$15, after deductible	50%, after deductible
Injectables [4] And other drugs administered other than orally (when rendered in the office)	20%, 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]	40%, after deductible	50%, after deductible
Home health care	$30, 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, 3]	$10, not subject to deductible	50%, after deductible
Preferred [1, 3]	$75, 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]	30%, 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 plan
[3] May require a Prior Authorization
[4] 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

Samaritan Health Plans