

# SAMARITAN EVERYDAY CHOICES

FOR LARGE GROUPS IN OREGON

[EMPLOYER GROUP NAME]

## 2018 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 HIGH DEDUCTIBLE HEALTH PLAN 2500 (HSA ELIGIBLE)

WELLNESS SERVICES	In-network	Out-of-network
<b>Individual Wellness Assessment</b> Interactive, online questionnaire that evaluates lifestyle and its impact on good health.	\$0	Not covered
<b>Health Risk Screening</b> Blood test identifies risks for certain diseases and medical conditions.	\$0	Not covered
<b>Health Risk Score and Report</b> Provides a snapshot of the member's current health and recommends appropriate action items. Requires completion of Individual Wellness Assessment and Health Risk Screening test.	\$0	Not covered
<b>Personal Health Coaching</b> A trained, certified professional provides confidential, one-on-one sessions to assist members in reaching their health and wellness goals.	\$0	Not covered
MEDICAL BENEFITS		
<b>Deductible</b> Per calendar year medical & pharmacy	\$2,500 per individual \$5,000 per family	\$5,000 per individual \$10,000 per family
<b>Out-of-pocket maximum</b> Per calendar year medical & pharmacy	\$6,550 per individual \$13,100 per family	Unlimited
<b>Lifetime benefit maximum</b>	Unlimited	Unlimited
<b>Primary care</b> Office visits, in-office procedures, and professional charges	20%, after deductible	50%, after deductible
<b>Urgent care</b>	20%, after deductible	20%, after deductible
<b>Specialty care</b> Office visits, in-office procedures, and professional charges	20%, after deductible	50%, after deductible
<b>Emergency care</b> Waived if admitted to hospital	20%, after deductible	20%, after deductible
<b>Mental health and chemical dependency</b> Office visits	20%, after deductible	50%, after deductible
<b>Preventive care and services</b> <sup>1,2</sup> Including well baby care, routine physicals, routine gynecological exams, immunizations, colorectal screening, ACA required services.	\$0, not subject to deductible	50%, after deductible
<b>Outpatient surgery</b> <sup>3</sup> Facility and professional charges	20%, after deductible	50%, after deductible
<b>Inpatient hospital</b> <sup>3</sup>	20%, after deductible	50%, after deductible
<b>Inpatient rehabilitative care</b> <sup>3</sup>	20%, after deductible	50%, after deductible
<b>Skilled nursing facility care</b> <sup>3</sup> Up to 60 days per benefit year	20%, after deductible	50%, after deductible
<b>Radiology, labs</b> <sup>3</sup>	20%, after deductible	50%, after deductible



**SAMARITAN EVERYDAY CHOICES  
HIGH DEDUCTIBLE HEALTH PLAN 2500  
(HSA ELIGIBLE)**

2018 BENEFITS (Member pays)

<b>MEDICAL BENEFITS</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Specialized surgical procedures</b> Spine surgery for pain, arthroscopies, shoulder surgery for osteoarthritis	20%, after deductible	50%, after deductible
<b>High tech imaging services</b> <sup>3</sup> MRI, CT, PET, SPECT scans	20%, after deductible	50%, after deductible
<b>Mental health and chemical dependency</b> <sup>3</sup> Inpatient care	20%, after deductible	50%, after deductible
<b>Mental health and chemical dependency</b> <sup>3</sup> Residential programs	20%, after deductible	50%, after deductible
<b>Physical therapy</b>	20%, after deductible	50%, after deductible
<b>Occupational therapy</b>	20%, after deductible	50%, after deductible
<b>Speech therapy</b>	20%, after deductible	50%, after deductible
<b>Allergy injections</b>	20%, after deductible	50%, after deductible
<b>Injectables</b> <sup>4</sup> And other drugs administered other than orally (when rendered in the office)	20%, after deductible	50%, after deductible
<b>Ambulance, ground</b>	20%, after deductible	20%, after deductible
<b>Ambulance, air</b>	20%, after deductible	20%, after deductible
<b>Durable Medical Equipment (DME)</b> <sup>3</sup> Includes prosthetics and orthotics	20%, after deductible	50%, after deductible
<b>Home health care</b>	20%, after deductible	50%, after deductible
<b>Hospice</b>	20%, after deductible	50%, after deductible
<b>Hearing aids, cochlear implants</b> <sup>3</sup>	20%, after deductible	50%, after deductible
<b>Transplants</b> <sup>3</sup>	50%, after deductible	50%, after deductible
<b>PHARMACY BENEFITS</b>		
<b>Tier 1: Preventive</b> <sup>1,2,3</sup>	\$0, not subject to deductible, for: <ul style="list-style-type: none"> <li>• Specified generic drugs</li> <li>• Selected asthma medications</li> <li>• Tobacco cessation drugs/supplies</li> <li>• Preventive medications</li> </ul>	50%, after deductible
<b>Tier 2: Generic</b> <sup>3</sup>	20%, after deductible	50%, after deductible
<b>Tier 3: Preferred</b> <sup>3</sup>	20%, after deductible	50%, after deductible
<b>Tier 4: Non-preferred</b> <sup>3</sup>	20%, after deductible	50%, after deductible
<b>Tier 5: High-cost specialty drugs</b> <sup>3</sup>	50%, after deductible	50%, after deductible

<sup>1</sup> These services are not subject to the deductible.<sup>2</sup> 100% covered by the plan<sup>3</sup> May require a Prior Authorization<sup>4</sup> Contact Customer Service at 541-768-4550 or 1-800-832-4580 to determine your co-pay or co-insurance levels