

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 5250 (HSA ELIGIBLE)

WELLNESS SERVICES	In-network	Out-of-network
Individual Wellness Assessment Interactive, online questionnaire that evaluates lifestyle and its impact on good health.	\$0	Not covered
Health Risk Screening Blood test identifies risks for certain diseases and medical conditions.	\$0	Not covered
Health Risk Score and Report 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
Personal Health Coaching 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		
Deductible Per calendar year medical & pharmacy	\$5,250 per individual \$10,500 per family	\$10,500 per individual \$21,000 per family
Out-of-pocket maximum Per calendar year medical & pharmacy	\$6,550 per individual \$13,100 per family	Unlimited
Lifetime benefit maximum	Unlimited	Unlimited
Primary care Office visits, in-office procedures, and professional charges	20%, after deductible	50%, after deductible
Urgent care	20%, after deductible	20%, after deductible
Specialty care Office visits, in-office procedures, and professional charges	20%, after deductible	50%, after deductible
Emergency care Waived if admitted to hospital	20%, after deductible	20%, after deductible
Mental health and chemical dependency Office visits	20%, after 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	20%, after deductible	50%, after deductible
Radiology, labs ³	20%, after deductible	50%, after deductible



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HIGH DEDUCTIBLE HEALTH PLAN 5250
(HSA ELIGIBLE)**

2018 BENEFITS (Member pays)

MEDICAL BENEFITS	In-network	Out-of-network
Specialized surgical procedures Spine surgery for pain, arthroscopies, shoulder surgery for osteoarthritis	20%, after deductible	50%, after deductible
High tech imaging services ³ MRI, CT, PET, SPECT scans	20%, 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	20%, after deductible	50%, after deductible
Physical therapy	20%, after deductible	50%, after deductible
Occupational therapy	20%, after deductible	50%, after deductible
Speech therapy	20%, after deductible	50%, after deductible
Allergy injections	20%, 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	20%, after deductible	20%, after deductible
Ambulance, air	20%, after deductible	20%, after deductible
Durable Medical Equipment (DME) ³ Includes prosthetics and orthotics	20%, after deductible	50%, after deductible
Home health care	20%, after deductible	50%, after deductible
Hospice	20%, after deductible	50%, after deductible
Hearing aids, cochlear implants ³	20%, after deductible	50%, after deductible
Transplants ³	50%, after deductible	50%, after deductible
PHARMACY BENEFITS		
Tier 1: 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
Tier 2: Generic ³	20%, after deductible	50%, after deductible
Tier 3: Preferred ³	20%, after deductible	50%, after deductible
Tier 4: Non-preferred ³	20%, after deductible	50%, after deductible
Tier 5: High-cost specialty drugs ³	50%, after deductible	50%, after deductible

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