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 OPTION 2

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]	Individual: [$0 - $7,350] Family: [$0 - $14,700]	Individual: [$0- $14,700] Family: [$0 - $29,400]
Out-of-pocket maximum Per calendar year [medical & pharmacy]	Individual: [$0 - $7,350] Family: [$0 - $14,700]	Individual: [$0- $14,700] Family: [$0 - $29,400]
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 Health Plans

SAMARITAN EVERYDAY CHOICES OPTION 2

2018 BENEFITS (Member pays)

MEDICAL BENEFITS	**In-network**	**Out-of-network**
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] MRI, CT, PET, SPECT 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	$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		
Tier 1: 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
Tier 2: Generic [1, 3]	$7, not subject to deductible	50%, after deductible
Tier 3: Preferred [1, 3]	$50, not subject to deductible	50%, after deductible
Tier 4: Non-preferred [1, 3]	$100, not subject to deductible	50%, after deductible
Tier 5: High-cost specialty drugs [1, 3]	20%, not subject to deductible	50%, after deductible

[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

Samaritan Health Plans