2020 Benefit Changes
Samaritan Small Group Plans

Effective Jan. 1, 2020
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Performance

The following plans are new for January 1, 2020:

Performance Gold 4000 Tier 1

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$4,000/individual</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,500/individual</td>
</tr>
</tbody>
</table>

Performance Gold 2500 Tier 2

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$2,500/individual</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,200/individual</td>
</tr>
</tbody>
</table>

Performance Bronze 5000 HDHP

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$5,000/individual</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,850/individual</td>
</tr>
</tbody>
</table>

The following plans are discontinued and will no longer be offered as of January 1, 2020. The 2020 plan equivalent is listed next to the discontinued plan.

<table>
<thead>
<tr>
<th>2019 Plan Name</th>
<th>2020 Plan Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Platinum 750 Tier 1</td>
<td>Performance Gold 1000 Tier 1</td>
</tr>
<tr>
<td>Performance Silver 5250 Tier 1</td>
<td>Performance Silver 5000 Tier 2</td>
</tr>
<tr>
<td>Performance Silver 6850 Tier 1</td>
<td>Performance Silver 5000 Tier 2</td>
</tr>
<tr>
<td>Performance Silver 7150 Tier 1</td>
<td>Performance Silver 6850 Tier 2</td>
</tr>
<tr>
<td>Performance Silver 7350 Tier 1</td>
<td>Performance Silver 6850 Tier 2</td>
</tr>
<tr>
<td>Performance Gold 750 Tier 2</td>
<td>Performance Gold 1000 Tier 2</td>
</tr>
<tr>
<td>Performance Gold 2000 Tier 2</td>
<td>Performance Gold 2500 Tier 2</td>
</tr>
<tr>
<td>Performance Silver 3250 Tier 2</td>
<td>Performance Gold 2500 Tier 2</td>
</tr>
<tr>
<td>Performance Silver 3500 Tier 2</td>
<td>Performance Silver 5000 Tier 2</td>
</tr>
<tr>
<td>Performance Silver 4000 Tier 2</td>
<td>Performance Silver 5000 Tier 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2019 Plan Name</th>
<th>2020 Plan Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Silver 7150 Tier 2</td>
<td>Performance Silver 6850 Tier 2</td>
</tr>
<tr>
<td>Performance Silver 7350 Tier 2</td>
<td>Performance Silver 6850 Tier 2</td>
</tr>
<tr>
<td>Performance Gold 750 Tier 3</td>
<td>Performance Gold 1000 Tier 3</td>
</tr>
<tr>
<td>Performance Silver 1750 Tier 3</td>
<td>Performance Silver 3100 Tier 3</td>
</tr>
<tr>
<td>Performance Silver 2000 Tier 3</td>
<td>Performance Silver 3100 Tier 3</td>
</tr>
<tr>
<td>Performance Silver 2500 Tier 3</td>
<td>Performance Silver 3100 Tier 3</td>
</tr>
<tr>
<td>Performance Silver 3500 Tier 3</td>
<td>Performance Silver 4000 Tier 3</td>
</tr>
<tr>
<td>Performance Silver 7150 Tier 3</td>
<td>Performance Silver 6850 Tier 3</td>
</tr>
<tr>
<td>Performance Silver 7350 Tier 3</td>
<td>Performance Silver 6850 Tier 3</td>
</tr>
<tr>
<td>Performance Silver 4000 HSA</td>
<td>Performance Bronze 5000 HDHP</td>
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</table>
# Standard Plans

## Samaritan Standard Bronze Plan

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$6,550/individual</td>
<td>$7,900/individual</td>
</tr>
<tr>
<td></td>
<td>$13,100/family</td>
<td>$15,800/family</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$6,550/individual</td>
<td>$7,900/individual</td>
</tr>
<tr>
<td></td>
<td>$13,100/family</td>
<td>$15,800/family</td>
</tr>
<tr>
<td><strong>Primary Care</strong></td>
<td>0%, after deductible</td>
<td>$45, not subject to deductible</td>
</tr>
<tr>
<td><strong>Specialty Care</strong></td>
<td>0%, after deductible</td>
<td>$90, not subject to deductible</td>
</tr>
<tr>
<td><strong>Mental Health and Substance Use Disorder</strong></td>
<td>0%, after deductible</td>
<td>$45, not subject to deductible</td>
</tr>
<tr>
<td>Office Visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Habilitative</strong></td>
<td>0%, after deductible</td>
<td>$45, not subject to deductible</td>
</tr>
<tr>
<td>&amp; Outpatient Rehabilitative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical, Occupational, Speech therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tier 1: Generic</strong></td>
<td>0%, after deductible</td>
<td>$15, not subject to deductible</td>
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</tbody>
</table>

## Samaritan Standard Silver Plan

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$2,850/individual</td>
<td>$3,550/individual</td>
</tr>
<tr>
<td></td>
<td>$5,700/family</td>
<td>$7,100/family</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$7,900/individual</td>
<td>$8,150/individual</td>
</tr>
<tr>
<td></td>
<td>$15,800/family</td>
<td>$16,300/family</td>
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## Performance Plans

### Performance Bronze Basic

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$7,900/individual</td>
<td>$8,150/individual</td>
</tr>
<tr>
<td>Pediatric Vision Hardware</td>
<td>$0, not subject to deductible</td>
<td>No deductible up to $150, then subject to deductible</td>
</tr>
<tr>
<td>Adult Vision Exam</td>
<td>Not covered</td>
<td>0%, deductible applies</td>
</tr>
<tr>
<td>Adult Vision Hardware</td>
<td>Not covered</td>
<td>0%, deductible applies</td>
</tr>
<tr>
<td>Tier: Low-Cost Generic</td>
<td>Not Available</td>
<td>$0, not subject to deductible</td>
</tr>
</tbody>
</table>

### Performance Platinum 500 Tier 1

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care</td>
<td>$45, not subject to deductible</td>
<td>$30, not subject to deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>$0, not subject to deductible</td>
<td>$0, deductible applies</td>
</tr>
<tr>
<td>X-Ray</td>
<td>20%, not subject to deductible</td>
<td>$30, not subject to deductible</td>
</tr>
<tr>
<td>Radiology</td>
<td>20%, not subject to deductible</td>
<td>20%, deductible applies</td>
</tr>
<tr>
<td>High Tech Imaging</td>
<td>20%, not subject to deductible</td>
<td>20%, deductible applies</td>
</tr>
<tr>
<td>Outpatient Habilitative &amp; Outpatient Rehabilitative</td>
<td>$30, after deductible</td>
<td>$30, not subject to deductible</td>
</tr>
<tr>
<td>Physical, Occupational, Speech therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy Injections</td>
<td>$5, after deductible</td>
<td>20%, not subject to deductible</td>
</tr>
<tr>
<td>Pediatric Vision Hardware</td>
<td>$0, not subject to deductible</td>
<td>No deductible up to $150, then subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Hospice</td>
<td>20%, after deductible</td>
<td>20%, not subject to deductible</td>
</tr>
<tr>
<td>Adult Vision Exam</td>
<td>Not Covered</td>
<td>$25, not subject to deductible</td>
</tr>
<tr>
<td>Adult Vision Hardware</td>
<td>Not Covered</td>
<td>Plan pays up to $175 per calendar year</td>
</tr>
<tr>
<td>Tier: Low-Cost Generic</td>
<td>Not Available</td>
<td>$5, not subject to deductible</td>
</tr>
</tbody>
</table>
### Performance Gold 1000 Tier 1

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,250/individual</td>
<td>$8,150/individual</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$45, not subject to deductible</td>
<td>$30, not subject to deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>$0, not subject to deductible</td>
<td>$0, deductible applies</td>
</tr>
<tr>
<td>X-Ray</td>
<td>20%, not subject to deductible</td>
<td>$30, not subject to deductible</td>
</tr>
<tr>
<td>Radiology</td>
<td>20%, not subject to deductible</td>
<td>20%, deductible applies</td>
</tr>
<tr>
<td>High Tech Imaging</td>
<td>20%, not subject to deductible</td>
<td>20%, deductible applies</td>
</tr>
<tr>
<td>Outpatient Habilitative &amp; Outpatient Rehabilitative</td>
<td>$30, after deductible</td>
<td>$30, not subject to deductible</td>
</tr>
<tr>
<td>Allergy Injections</td>
<td>$5, after deductible</td>
<td>20%, not subject to deductible</td>
</tr>
<tr>
<td>Pediatric Vision Hardware</td>
<td>$0, not subject to deductible</td>
<td>No deductible up to $150, then subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Hospice</td>
<td>20%, after deductible</td>
<td>20%, not subject to deductible</td>
</tr>
<tr>
<td>Adult Vision Exam</td>
<td>Not Covered</td>
<td>$25, not subject to deductible</td>
</tr>
<tr>
<td>Adult Vision Hardware</td>
<td>Not Covered</td>
<td>Plan pays up to $175 per calendar year</td>
</tr>
<tr>
<td>Tier: Low-Cost Generic</td>
<td>Not Available</td>
<td>$5, not subject to deductible</td>
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</tbody>
</table>

### Performance Gold 2000 Tier 1

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$7,900/individual</td>
<td>$8,150/individual</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$60, not subject to deductible</td>
<td>$45, not subject to deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>$0, not subject to deductible</td>
<td>$0, deductible applies</td>
</tr>
<tr>
<td>X-Ray</td>
<td>20%, not subject to deductible</td>
<td>$45, not subject to deductible</td>
</tr>
<tr>
<td>Radiology</td>
<td>20%, not subject to deductible</td>
<td>20%, deductible applies</td>
</tr>
<tr>
<td>High Tech Imaging</td>
<td>20%, not subject to deductible</td>
<td>20%, deductible applies</td>
</tr>
<tr>
<td>Outpatient Habilitative &amp; Outpatient Rehabilitative</td>
<td>$45, after deductible</td>
<td>$45, not subject to deductible</td>
</tr>
<tr>
<td>Allergy Injections</td>
<td>$5, after deductible</td>
<td>20%, not subject to deductible</td>
</tr>
<tr>
<td>Pediatric Vision Hardware</td>
<td>$0, not subject to deductible</td>
<td>No deductible up to $150, then subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Hospice</td>
<td>20%, after deductible</td>
<td>20%, not subject to deductible</td>
</tr>
<tr>
<td>Adult Vision Exam</td>
<td>Not Covered</td>
<td>$25, not subject to deductible</td>
</tr>
<tr>
<td>Adult Vision Hardware</td>
<td>Not Covered</td>
<td>Plan pays up to $175 per calendar year</td>
</tr>
<tr>
<td>Tier: Low-Cost Generic</td>
<td>Not Available</td>
<td>$5, not subject to deductible</td>
</tr>
</tbody>
</table>
### Performance Gold 3150 Tier 1

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$7,900/individual</td>
<td>$8,150/individual</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$60, not subject to deductible</td>
<td>$45, not subject to deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>$0, not subject to deductible</td>
<td>$0, deductible applies</td>
</tr>
<tr>
<td>X-Ray</td>
<td>20%, not subject to deductible</td>
<td>$45, not subject to deductible</td>
</tr>
<tr>
<td>Radiology</td>
<td>20%, not subject to deductible</td>
<td>20%, deductible applies</td>
</tr>
<tr>
<td>High Tech Imaging</td>
<td>20%, not subject to deductible</td>
<td>20%, deductible applies</td>
</tr>
<tr>
<td>Outpatient Habilitative &amp; Outpatient Rehabilitative Physical, Occupational, Speech therapy</td>
<td>$45, after deductible</td>
<td>$45, not subject to deductible</td>
</tr>
<tr>
<td>Allergy Injections</td>
<td>$5, after deductible</td>
<td>20%, not subject to deductible</td>
</tr>
<tr>
<td>Pediatric Vision Hardware</td>
<td>$0, not subject to deductible</td>
<td>No deductible up to $150, then subject to deductible and 20% coinsurance</td>
</tr>
<tr>
<td>Hospice</td>
<td>20%, after deductible</td>
<td>20%, not subject to deductible</td>
</tr>
<tr>
<td>Adult Vision Exam</td>
<td>Not Covered</td>
<td>$25, not subject to deductible</td>
</tr>
<tr>
<td>Adult Vision Hardware</td>
<td>Not Covered</td>
<td>Plan pays up to $175 per calendar year</td>
</tr>
<tr>
<td>Tier: Low-Cost Generic</td>
<td>Not Available</td>
<td>$5, not subject to deductible</td>
</tr>
</tbody>
</table>
## Performance Gold 500 Tier 2

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$4,000/individual</td>
<td>$4,500/individual</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$70, not subject to deductible</td>
<td>$60, not subject to deductible</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility (SNF)</strong></td>
<td>$0, not subject to deductible</td>
<td>$0, deductible applies</td>
</tr>
<tr>
<td><strong>X-Ray</strong></td>
<td>30%, not subject to deductible</td>
<td>$60, not subject to deductible</td>
</tr>
<tr>
<td><strong>Radiology</strong></td>
<td>30%, not subject to deductible</td>
<td>30%, deductible applies</td>
</tr>
<tr>
<td><strong>High Tech Imaging</strong></td>
<td>30%, not subject to deductible</td>
<td>30%, deductible applies</td>
</tr>
<tr>
<td><strong>Mental Health &amp; Substance Use Disorder</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient and Residential</td>
<td>30%, not subject to deductible</td>
<td>30%, deductible applies</td>
</tr>
<tr>
<td><strong>Outpatient Habilitative &amp; Outpatient Rehabilitative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical, Occupational, Speech therapy</td>
<td>$60, after deductible</td>
<td>$60, not subject to deductible</td>
</tr>
<tr>
<td><strong>Allergy Injections</strong></td>
<td>$5, after deductible</td>
<td>30%, not subject to deductible</td>
</tr>
<tr>
<td><strong>Pediatric Vision Hardware</strong></td>
<td>$0, not subject to deductible</td>
<td>No deductible up to $150, then subject to deductible and 30% coinsurance</td>
</tr>
<tr>
<td><strong>Hospice</strong></td>
<td>30%, after deductible</td>
<td>30%, not subject to deductible</td>
</tr>
<tr>
<td><strong>Adult Vision Exam</strong></td>
<td>Not Covered</td>
<td>$25, not subject to deductible</td>
</tr>
<tr>
<td><strong>Adult Vision Hardware</strong></td>
<td>Not Covered</td>
<td>Plan pays up to $175 per calendar year</td>
</tr>
<tr>
<td><strong>Tier: Low-Cost Generic</strong></td>
<td>Not Available</td>
<td>$5, not subject to deductible</td>
</tr>
<tr>
<td>Benefit</td>
<td>2019</td>
<td>2020</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$4,000/individual</td>
<td>$8,150/individual</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$70, not subject to deductible</td>
<td>$60, not subject to deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>$0, not subject to deductible</td>
<td>$0, deductible applies</td>
</tr>
<tr>
<td>X-Ray</td>
<td>30%, not subject to deductible</td>
<td>$60, not subject to deductible</td>
</tr>
<tr>
<td>Radiology</td>
<td>30%, not subject to deductible</td>
<td>30%, deductible applies</td>
</tr>
<tr>
<td>High Tech Imaging</td>
<td>30%, not subject to deductible</td>
<td>30%, deductible applies</td>
</tr>
<tr>
<td>Mental Health &amp; Substance Use Disorder</td>
<td>30%, not subject to deductible</td>
<td>30%, deductible applies</td>
</tr>
<tr>
<td>Outpatient Habilitative &amp; Outpatient Rehabilitative</td>
<td>$60, after deductible</td>
<td>$60, not subject to deductible</td>
</tr>
<tr>
<td>Allergy Injections</td>
<td>$5, after deductible</td>
<td>30%, not subject to deductible</td>
</tr>
<tr>
<td>Pediatric Vision Hardware</td>
<td>$0, not subject to deductible</td>
<td>No deductible up to $150, then subject to deductible and 30% coinsurance</td>
</tr>
<tr>
<td>Hospice</td>
<td>30%, after deductible</td>
<td>30%, not subject to deductible</td>
</tr>
<tr>
<td>Adult Vision Exam</td>
<td>Not Covered</td>
<td>$25, not subject to deductible</td>
</tr>
<tr>
<td>Adult Vision Hardware</td>
<td>Not Covered</td>
<td>Plan pays up to $175 per calendar year</td>
</tr>
<tr>
<td>Tier: Low-Cost Generic</td>
<td>Not Available</td>
<td>$5, not subject to deductible</td>
</tr>
</tbody>
</table>
## Performance Gold 1500 Tier 2

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$4,000/individual</td>
<td>$8,150/individual</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$70, not subject to deductible</td>
<td>$60, not subject to deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>$0, not subject to deductible</td>
<td>$0, deductible applies</td>
</tr>
<tr>
<td>X-Ray</td>
<td>30%, not subject to deductible</td>
<td>$60, not subject to deductible</td>
</tr>
<tr>
<td>Radiology</td>
<td>30%, not subject to deductible</td>
<td>30%, deductible applies</td>
</tr>
<tr>
<td>High Tech Imaging</td>
<td>30%, not subject to deductible</td>
<td>30%, deductible applies</td>
</tr>
<tr>
<td>Mental Health &amp; Substance Use Disorder</td>
<td>30%, not subject to deductible</td>
<td>30%, deductible applies</td>
</tr>
<tr>
<td>Mental Health &amp; Substance Use Disorder Inpatient and Residential</td>
<td>30%, not subject to deductible</td>
<td>30%, deductible applies</td>
</tr>
<tr>
<td>Outpatient Habilitative &amp; Outpatient Rehabilitative</td>
<td>$60, after deductible</td>
<td>$60, not subject to deductible</td>
</tr>
<tr>
<td>Physical, Occupational, Speech therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy Injections</td>
<td>$5, after deductible</td>
<td>30%, not subject to deductible</td>
</tr>
<tr>
<td>Pediatric Vision Hardware</td>
<td>$0, not subject to deductible</td>
<td>No deductible up to $150, then subject to deductible and 30% coinsurance</td>
</tr>
<tr>
<td>Hospice</td>
<td>30%, after deductible</td>
<td>30%, not subject to deductible</td>
</tr>
<tr>
<td>Adult Vision Exam</td>
<td>Not Covered</td>
<td>$25, not subject to deductible</td>
</tr>
<tr>
<td>Adult Vision Hardware</td>
<td>Not Covered</td>
<td>Plan pays up to $175 per calendar year</td>
</tr>
<tr>
<td>Tier: Low-Cost Generic</td>
<td>Not Available</td>
<td>$5, not subject to deductible</td>
</tr>
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</table>
### Performance Silver 5000 Tier 2

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$7,900/individual</td>
<td>$8,150/individual</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$70, not subject to deductible</td>
<td>$60, not subject to deductible</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility (SNF)</strong></td>
<td>$0, not subject to deductible</td>
<td>$0, deductible applies</td>
</tr>
<tr>
<td><strong>X-Ray</strong></td>
<td>30%, after deductible</td>
<td>$60, not subject to deductible</td>
</tr>
<tr>
<td><strong>Mental Health &amp; Substance Use Disorder</strong></td>
<td>30%, not subject to deductible</td>
<td>30%, deductible applies</td>
</tr>
<tr>
<td>Inpatient and Residential</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Habilitative &amp; Outpatient Rehabilitative</strong></td>
<td>$60, after deductible</td>
<td>$60, not subject to deductible</td>
</tr>
<tr>
<td>Physical, Occupational, Speech therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Allergy Injections</strong></td>
<td>$5, after deductible</td>
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</tr>
<tr>
<td><strong>Pediatric Vision Hardware</strong></td>
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<tr>
<td><strong>Adult Vision Hardware</strong></td>
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<td><strong>Tier: Low-Cost Generic</strong></td>
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### Performance Silver 6850 Tier 2

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<tbody>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$7,900/individual</td>
<td>$8,150/individual</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
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<td><strong>X-Ray</strong></td>
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<td>30%, deductible applies</td>
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<td>Inpatient and Residential</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Habilitative &amp; Outpatient Rehabilitative</strong></td>
<td>$60, after deductible</td>
<td>$60, not subject to deductible</td>
</tr>
<tr>
<td>Physical, Occupational, Speech therapy</td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>Benefit</td>
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<td>2020</td>
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<td>-------------------------------------------</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
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<tr>
<td><strong>X-Ray</strong></td>
<td>50%, not subject to deductible</td>
<td>$70, not subject to deductible</td>
</tr>
<tr>
<td><strong>Radiology</strong></td>
<td>50%, not subject to deductible</td>
<td>50%, deductible applies</td>
</tr>
<tr>
<td><strong>High Tech Imaging</strong></td>
<td>50%, not subject to deductible</td>
<td>50%, deductible applies</td>
</tr>
<tr>
<td><strong>Mental Health &amp; Substance Use Disorder</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient and Residential</td>
<td>50%, not subject to deductible</td>
<td>50%, deductible applies</td>
</tr>
<tr>
<td><strong>Outpatient Habilitative &amp; Outpatient Rehabilitative</strong></td>
<td>$70, after deductible</td>
<td>$70, not subject to deductible</td>
</tr>
<tr>
<td>Physical, Occupational, Speech therapy</td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td><strong>Hospice</strong></td>
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<tr>
<td><strong>Adult Vision Exam</strong></td>
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<tr>
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</tr>
<tr>
<td><strong>Tier: Low-Cost Generic</strong></td>
<td>Not Available</td>
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</table>
## Performance Gold 1000 Tier 3

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$90, not subject to deductible</td>
<td>$70, not subject to deductible</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility (SNF)</strong></td>
<td>$0, not subject to deductible</td>
<td>$0, deductible applies</td>
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<tr>
<td><strong>X-Ray</strong></td>
<td>50%, not subject to deductible</td>
<td>$70, not subject to deductible</td>
</tr>
<tr>
<td><strong>Radiology</strong></td>
<td>50%, not subject to deductible</td>
<td>50%, deductible applies</td>
</tr>
<tr>
<td><strong>High Tech Imaging</strong></td>
<td>50%, not subject to deductible</td>
<td>50%, deductible applies</td>
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<tr>
<td><strong>Mental Health &amp; Substance Use Disorder</strong></td>
<td>50%, not subject to deductible</td>
<td>50%, deductible applies</td>
</tr>
<tr>
<td>Inpatient and Residential</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Habilitative &amp; Outpatient Rehabilitative</strong></td>
<td>$70, after deductible</td>
<td>$70, not subject to deductible</td>
</tr>
<tr>
<td>Physical, Occupational, Speech therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Allergy Injections</strong></td>
<td>$5, after deductible</td>
<td>50%, not subject to deductible</td>
</tr>
<tr>
<td><strong>Pediatric Vision Hardware</strong></td>
<td>$0, not subject to deductible</td>
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<tr>
<td><strong>Hospice</strong></td>
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<tr>
<td><strong>Adult Vision Exam</strong></td>
<td>Not Covered</td>
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<tr>
<td><strong>Adult Vision Hardware</strong></td>
<td>Not Covered</td>
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<td><strong>Tier: Low-Cost Generic</strong></td>
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<tr>
<td>Benefit</td>
<td>2019</td>
<td>2020</td>
</tr>
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<td>------------------------------------------------------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$7,900/individual</td>
<td>$8,150/individual</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$90, not subject to deductible</td>
<td>$70, not subject to deductible</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility (SNF)</strong></td>
<td>$0, not subject to deductible</td>
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<td><strong>X-Ray</strong></td>
<td>50%, after deductible</td>
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<td><strong>Mental Health &amp; Substance Use Disorder</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Habilitative &amp; Outpatient Rehabilitative</strong></td>
<td>$70, after deductible</td>
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</tr>
<tr>
<td>Physical, Occupational, Speech therapy</td>
<td></td>
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<tr>
<td><strong>Allergy Injections</strong></td>
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<td><strong>Pediatric Vision Hardware</strong></td>
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<td><strong>Hospice</strong></td>
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<td><strong>Adult Vision Exam</strong></td>
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<tr>
<td><strong>Tier: Low-Cost Generic</strong></td>
<td>Not Available</td>
<td>$5, not subject to deductible</td>
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</table>
## Performance Silver 4000 Tier 3

<table>
<thead>
<tr>
<th>Benefit</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$7,900/individual</td>
<td>$8,150/individual</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$90, not subject to deductible</td>
<td>$70, not subject to deductible</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility (SNF)</strong></td>
<td>$0, not subject to deductible</td>
<td>$0, deductible applies</td>
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<tr>
<td><strong>X-Ray</strong></td>
<td>50%, after deductible</td>
<td>$70, not subject to deductible</td>
</tr>
<tr>
<td><strong>Mental Health &amp; Substance Use Disorder</strong></td>
<td>50%, not subject to deductible</td>
<td>50%, deductible applies</td>
</tr>
<tr>
<td>Inpatient and Residential</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Habilitative &amp; Outpatient Rehabilitative</strong></td>
<td>$70, after deductible</td>
<td>$70, not subject to deductible</td>
</tr>
<tr>
<td>Physical, Occupational, Speech therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Allergy Injections</strong></td>
<td>$5, after deductible</td>
<td>50%, not subject to deductible</td>
</tr>
<tr>
<td><strong>Pediatric Vision Hardware</strong></td>
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<td><strong>Hospice</strong></td>
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<tr>
<td>Benefit</td>
<td>2019</td>
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<td></td>
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<tr>
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<td>$0, not subject to deductible</td>
<td>No deductible up to $150, then subject</td>
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<td></td>
<td>to deductible and 50% coinsurance</td>
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### Performance Silver 6850 Tier 3

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<tr>
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<th>2019</th>
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### Performance – High Deductible Health Plan (HDHP)

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<th>2019</th>
<th>2020</th>
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<tbody>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
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<td>$6,850/individual</td>
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<tr>
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</tr>
<tr>
<td><strong>Adult Vision Hardware</strong></td>
<td>Not Covered</td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Tier: Low-Cost Generic</strong></td>
<td>Not Available</td>
<td>Covered</td>
</tr>
</tbody>
</table>
## Prior Authorization

The Prior Authorization list is available on the website at [samhealthplans.org/members](http://samhealthplans.org/members).

The following updates were made to the 2020 Prior Authorization list for medical services and surgical procedures:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>—</td>
<td>Continuous glucose monitors</td>
<td>Added</td>
</tr>
<tr>
<td>All Durable Medical Equipment (DME) items greater than $800 for purchase. Rental items with rental fee greater than $800 per month or rental length greater than 3 months.</td>
<td>Durable Medical Equipment (DME) and supplies, prosthetics and orthotics with billed amount greater than $800 for purchase. Rental items with rental fee greater than $800 per month or rental length greater than 3 months.</td>
<td>Updated language</td>
</tr>
<tr>
<td>Sclerotherapy</td>
<td>—</td>
<td>Removed</td>
</tr>
<tr>
<td>—</td>
<td>Elective coronary angioplasty</td>
<td>Added</td>
</tr>
<tr>
<td>—</td>
<td>Enteral and parenteral nutrition</td>
<td>Added</td>
</tr>
<tr>
<td>—</td>
<td>Hyaluronic acid or viscosupplementation, intra-articular injection (i.e. Orthovisc, Synvisc, etc.)</td>
<td>Added</td>
</tr>
<tr>
<td>—</td>
<td>Hyperbaric oxygen therapy</td>
<td>Added</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td>Inpatient hospital care (including mental health and substance use disorder)</td>
<td>Updated language</td>
</tr>
<tr>
<td>Exception: Maternity delivery services</td>
<td>Exception: Labor &amp; delivery</td>
<td></td>
</tr>
<tr>
<td>Exception: Labor &amp; delivery</td>
<td>Exception: newborn stays less than 5 days</td>
<td></td>
</tr>
<tr>
<td>—</td>
<td>Inpatient habilitative/rehabilitative care</td>
<td>Added</td>
</tr>
<tr>
<td>Cosmetic, reconstructive and/or potentially experimental surgery and services; and new or emerging technologies</td>
<td>Potentially cosmetic, experimental, or reconstructive surgery and services, including new and emerging technologies and infused/injected medications, and clinical trials</td>
<td>Updated language</td>
</tr>
<tr>
<td>Residential services (other than emergency services)</td>
<td>Residential services for mental health and substance use disorder</td>
<td>Updated language</td>
</tr>
<tr>
<td>Neck and back surgery (inpatient, outpatient and those done as in-office procedures)</td>
<td>Spinal surgeries and spinal injections (including in-office procedures)</td>
<td>Updated language</td>
</tr>
</tbody>
</table>
The following updates were made to the 2020 Prior Authorization list for medical drugs:

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>—</td>
<td>Edaravone (Radicava)</td>
<td>Added</td>
</tr>
<tr>
<td>—</td>
<td>Elotuzumab (Empliciti)</td>
<td>Added</td>
</tr>
<tr>
<td>Hyaluronic Acid, Intra-articular Injection</td>
<td>—</td>
<td>Removed from drug authorization list and added to medical services authorization list.</td>
</tr>
<tr>
<td>—</td>
<td>Nusinersen (Spinraza)</td>
<td>Added</td>
</tr>
<tr>
<td>—</td>
<td>Pemetrexed (Alimta)</td>
<td>Added</td>
</tr>
<tr>
<td>—</td>
<td>Rituximab/hyaluronidase (Rituxan Hycela)</td>
<td>Added</td>
</tr>
<tr>
<td>Teriflunomide</td>
<td>—</td>
<td>Removed</td>
</tr>
<tr>
<td>—</td>
<td>Voretigene Neparvovec-rzyl (Luxturna)</td>
<td>Added</td>
</tr>
</tbody>
</table>

**Pharmacy**

Samaritan Health Plans wanted to make you aware of the 2020 changes to your list of covered prescription drugs (known as a formulary), effective Jan. 1, 2020. It is important you are aware of any changes that could affect your prescriptions and discuss options with your Provider to prevent any delays getting your medication.

This notification is to let you know that you may be affected by Drug Tier (copay or coinsurance) changes or your medication may be removed from the formulary. Please refer to the 2020 Small Group Formulary to see if this change affects a medication you take. Again, these changes will take effect on Jan. 1, 2020.

For a complete formulary, go to [samhealthplans.org/employergroup](http://samhealthplans.org/employergroup), then the Benefits web page and choose your respective formulary.

**Questions**

For questions regarding your Medical or Pharmacy benefits, please contact Customer Service Monday through Friday:

- **By phone** at 541-768-4550 or toll free at 800-832-4580 (TTY: 800-735-2900), 8 a.m. to 8 p.m.
- **By email** at HealthPlanResponse@samhealth.org
- **In person** at 2300 NW Walnut Blvd, Corvallis, Oregon 97330, 8 a.m. to 5 p.m.