

2023 Samaritan Choice Plans
Schedule of Benefits



HSA Eligible High-Deductible Plan

Benefit description	Member(s) responsibility	
	In-network	Out-of-network
Deductible: single/family <ul style="list-style-type: none"> Per calendar year. Medical and pharmacy. Some services do not apply to the deductible, as indicated in the schedule. 	\$3,000/\$6,000	There is no separate deductible for out-of-network services.
Out-of-pocket limit: single/family <ul style="list-style-type: none"> Per calendar year. Medical and pharmacy. 	\$5,000/\$10,000	Unlimited
Preventive services	In-network	Out-of-network
Colorectal screening	No charge, deductible does not apply	30%, deductible does not apply
Immunizations	No charge, deductible does not apply	30%, deductible does not apply
Routine gynecological exams	No charge, deductible does not apply	30%, deductible does not apply
Routine physicals	No charge, deductible does not apply	30%, deductible does not apply
Well-baby care	No charge, deductible does not apply	30%, deductible does not apply
Professional services	In-network	Out-of-network
Primary care visits¹	\$25, deductible applies	30%, deductible applies
In-office procedures	\$25, deductible applies	30%, deductible applies
Specialist visits	\$40, deductible applies	30%, deductible applies
In-office procedures	\$40, deductible applies	30%, deductible applies
Surgery professional (at hospital or ASC)	\$60, deductible applies	30%, deductible applies
Telehealth visit	No charge, deductible does not apply	30%, deductible applies
Urgent care center visits	\$40, deductible applies	\$40, deductible applies
Care coordination services	In-network	Out-of-network
Office visit For asthma, diabetes, congestive heart failure (CHF), coronary artery disease (CAD) and chronic obstructive pulmonary disease (COPD).	No charge, deductible applies	30% deductible applies

Benefit description	Member(s) responsibility	
Education services	In-network	Out-of-network
Office visit for specified education services	No charge, deductible applies	30% deductible applies
Hospital/inpatient services	In-network	Out-of-network
Bariatric surgery²	\$5,000, deductible applies	Not covered
Inpatient room and board (SHS facility)	\$175/day, up to \$875 limit per stay, deductible applies	N/A
Inpatient room and board (non-SHS facility)	\$300/day, up to \$1,500 limit per stay, deductible applies	30%, deductible applies
Inpatient rehabilitative care (SHS facility)	\$175/day, up to \$875 limit per stay, deductible applies	N/A
Inpatient rehabilitative care (non-SHS facility)	\$300/day, up to \$1,500 limit per stay, deductible applies	30%, deductible applies
Skilled nursing facility care	No charge, deductible applies	30%, deductible applies
Emergency services	In-network	Out-of-network
Ambulance, air	20%, deductible applies	20%, deductible applies
Ambulance, ground	20%, deductible applies	20%, deductible applies
Emergency department visits: copay waived if admitted	\$150, deductible applies	\$150, deductible applies
Outpatient services	In-network	Out-of-network
Outpatient surgery (SHS designated facilities)	\$150, deductible applies	N/A
Outpatient surgery (non-SHS facility)	\$250, deductible applies	30%, deductible applies
Lab	No charge, deductible applies	30%, deductible applies
Electrocardiogram (ECG/EKG)	\$25, deductible applies	30%, deductible applies
Radiology	\$25, deductible applies	30%, deductible applies
High-tech imaging services (CT scans, MRIs and PET scans)	20% deductible applies	30%, deductible applies
Specified surgical procedures (spine surgery for pain, arthroscopies, shoulder surgery for osteoarthritis)	20% deductible applies	30%, deductible applies

Benefit description	Member(s) responsibility	
Substance use disorder	In-network	Out-of-network
Office visits	\$40, deductible applies	30%, deductible applies
Inpatient care (SHS facility)	\$175/day, up to \$875 limit per stay, deductible applies	N/A
Inpatient care (non-SHS facility)	\$300/day, up to \$1,500 limit per stay, deductible applies	30%, deductible applies
Outpatient intensive services and programs (including partial hospitalization for substance use disorder)	30%, deductible applies	30%, deductible applies
Residential programs	30%, deductible applies	30%, deductible applies
Mental health	In-network	Out-of-network
Office visits	\$40, deductible applies	30%, deductible applies
Inpatient care (SHS facility)	\$175/day, up to \$875 limit per stay, deductible applies	N/A
Inpatient care (non-SHS facility)	\$300/day, up to \$1,500 limit per stay, deductible applies	30%, deductible applies
Partial hospitalization	30%, deductible applies	30%, deductible applies
Residential programs	30%, deductible applies	30%, deductible applies
Other services	In-network	Out-of-network
Acupuncture	\$35, deductible applies	35%, deductible applies
Chiropractic³	\$25, deductible applies (covered up to \$850/year)	30%, deductible applies (covered up to \$850/year)
Allergy injections (most)⁴	\$15, deductible applies	30%, deductible applies
Injectables and other drugs administered in the office (other than oral medications)⁴	20%, deductible applies	20%, deductible applies
Continuous glucose monitors (purchased through a licensed DME supplier)	No charge, deductible applies	50%, deductible applies
Durable medical equipment (DME), prosthetics, orthotics and medical supplies	30%, deductible applies	50%, deductible applies
Hearing aids	Covered up to \$1,000/year, deductible applies No limit for children ages 20 and under	Covered up to \$1,000/year, deductible applies No limit for children ages 20 and under

Benefit description	Member(s) responsibility	
Home health care	\$30, deductible applies	30%, deductible applies
Hospice	No charge, deductible applies	30%, deductible applies
Occupational therapy	\$35, deductible applies	30%, deductible applies
Physical therapy (SHS physical therapy providers)	\$30, deductible applies	N/A
Physical therapy (non-SHS physical therapy providers)	\$35, deductible applies	30%, deductible applies
Speech therapy	\$35, deductible applies	30%, deductible applies
Panniculectomy⁵	50%, deductible applies	Not covered
Pharmacy	In-network	Out-of-network
Tier 1: preventive	1 to 90-day supply: No charge, deductible does not apply	Not covered
Tier 2: low-cost therapeutic	1 to 34-day supply: \$3, deductible applies 35 to 90-day supply: \$9, deductible applies	Not covered
Tier 3: preferred	1 to 34-day supply: \$15, deductible applies 35 to 90-day supply: \$45, deductible applies	Not covered
Tier 4: high-cost preferred	1 to 34-day supply: \$65 or 25% (whichever is less), deductible applies	Not covered
Tier 5: non-preferred	1 to 34-day supply: \$250 or 50% (whichever is less), deductible applies	Not covered
Tier 6: high-cost specialty	1 to 34-day supply: 15%, deductible applies	Not covered

- 1 Primary care provider visit is defined as services provided by a pediatric, family medicine, internal medicine or OB-GYN.
- 2 Bariatric surgery is covered only at in-network/designated facilities and subject to their policies and surgical criteria.
- 3 Chiropractic benefit only includes manipulations and exams. This benefit does not include X-rays, labs, radiology or other services that are not considered to be a manipulation treatment.
- 4 Contact Customer Service to determine your copay or coinsurance levels and applicable services.
- 5 Panniculectomy services will only be covered when bariatric surgery has been performed at an in-network provider facility and will only be allowed after bariatric surgery has been authorized and performed by an in-network/designated facility.