

# 2024 Schedule of Benefits: Plan comparison



The table below summarizes the 2024 medical benefits for the Samaritan Choice PPO and HSA Eligible High-Deductible plans. Please refer to your plan documents for a detailed description of your benefits.

## Samaritan Choice plan options: In-network only

Service	2024 PPO Plan Member pays	2024 HSA Eligible High-Deductible Plan Member pays
<b>Deductible</b>	<ul style="list-style-type: none"> <li>Per calendar year.</li> <li>Medical.</li> <li>Some services do not apply to the deductible, as indicated below.</li> </ul>	<ul style="list-style-type: none"> <li>Per calendar year.</li> <li>Medical and pharmacy.</li> <li>Some services do not apply to the deductible, as indicated below.</li> </ul>
<b>Individual</b>	\$500	\$3,200
<b>Family</b>	\$1,000	\$6,400
<b>Out-of-pocket limit</b>	<ul style="list-style-type: none"> <li>Per calendar year.</li> <li>Medical and pharmacy.</li> </ul>	<ul style="list-style-type: none"> <li>Per calendar year.</li> <li>Medical and pharmacy.</li> </ul>
<b>Individual</b>	\$7,200	\$5,000
<b>Family</b>	\$14,400	\$10,000

All copay costs shown in this chart are after your deductible has been met, if a deductible applies.

Preventive services		
<b>Well-baby care</b>	No charge, deductible does not apply	No charge, deductible does not apply
<b>Routine physicals</b>	No charge, deductible does not apply	No charge, deductible does not apply
<b>Routine gynecological exams</b>	No charge, deductible does not apply	No charge, deductible does not apply
<b>Immunizations</b>	No charge, deductible does not apply	No charge, deductible does not apply
<b>Colorectal screening</b>	No charge, deductible does not apply	No charge, deductible does not apply

<b>Service</b>	<b>2024 PPO Plan Member pays</b>	<b>2024 HSA Eligible High-Deductible Plan Member pays</b>
<b>Professional services</b>		
<b>Primary care visits<sup>1</sup></b>	\$25, deductible does not apply	\$25, deductible applies
<b>In-office procedures</b>	\$25, deductible does not apply	\$25, deductible applies
<b>Specialist visits</b>	\$40, deductible does not apply	\$40, deductible applies
<b>In-office procedures</b>	\$40, deductible does not apply	\$40, deductible applies
<b>Telehealth visit</b>	No charge, deductible does not apply	No charge, deductible does not apply
<b>Urgent care center visits</b>	\$40, deductible applies	\$40, deductible applies
<b>Surgery professional (at hospital or ASC)</b>	\$60, deductible applies	\$60, deductible applies
<b>Care coordination services</b>		
For asthma, diabetes, congestive heart failure (CHF), coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD).		
<b>Office visit</b>	No charge, deductible applies	No charge, deductible applies
<b>Education services</b>		
<b>Office visit for specified education services</b>	No charge, deductible applies	No charge, deductible applies
<b>Hospital / inpatient services</b>		
<b>Inpatient room and board (SHS facility)</b>	\$175/day, up to \$875 maximum per stay, deductible applies	\$175/day, up to \$875 maximum per stay, deductible applies
<b>Inpatient room and board (non-SHS facility)</b>	\$300/day, up to \$1,500 maximum per stay, deductible applies	\$300/day, up to \$1,500 maximum per stay, deductible applies
<b>Inpatient rehabilitative care (SHS facility)</b>	\$175/day, up to \$875 maximum per stay, deductible applies	\$175/day, up to \$875 maximum per stay, deductible applies
<b>Inpatient rehabilitative care (non-SHS facility)</b>	\$300/day, up to \$1,500 maximum per stay, deductible applies	\$300/day, up to \$1,500 maximum per stay, deductible applies

All copay costs shown in this chart are after your deductible has been met, if a deductible applies.

<b>Service</b>	<b>2024 PPO Plan Member pays</b>	<b>2024 HSA Eligible High-Deductible Plan Member pays</b>
<b>Hospital / inpatient services (continued)</b>		
<b>Skilled nursing facility care</b>	No charge, deductible applies	No charge, deductible applies
<b>Bariatric surgery<sup>2</sup></b>	\$5,000, deductible does not apply (does not apply to OOP <sup>5</sup> limit)	\$5,000, deductible applies
<b>Outpatient services</b>		
<b>Outpatient surgery (SHS designated facility) (does not include in-office procedures)</b>	\$150, deductible applies	\$150, deductible applies
<b>Outpatient surgery (non-SHS facility) (does not include in-office procedures)</b>	\$250, deductible applies	\$250, deductible applies
<b>Emergency department visits (unless admitted to hospital)</b>	\$150, deductible applies	\$150, deductible applies
<b>Radiology</b>	\$25, deductible applies	\$25, deductible applies
<b>Electrocardiograms (ECG/EKG)</b>	\$25, deductible applies	\$25, deductible applies
<b>Lab</b>	No charge, deductible applies	No charge, deductible applies
<b>Specified surgical procedures (spine surgery for pain, arthroscopies, shoulder surgery for osteoarthritis)</b>	20%, deductible applies	20%, deductible applies
<b>High-tech imaging services (CT scans, MRIs, PET scans)</b>	20%, deductible applies	20%, deductible applies
<b>Substance use disorder</b>		
<b>Office visits</b>	\$25, deductible does not apply	\$40, deductible applies
<b>Inpatient care (SHS facility)</b>	\$175/day, up to \$875 maximum per stay, deductible applies	\$175/day, up to \$875 maximum per stay, deductible applies

All copay costs shown in this chart are after your deductible has been met, if a deductible applies.

<b>Service</b>	<b>2024 PPO Plan Member pays</b>	<b>2024 HSA Eligible High-Deductible Plan Member pays</b>
<b>Substance use disorder (continued)</b>		
<b>Inpatient care (non-SHS facility)</b>	\$300/day, up to \$1,500 maximum per stay, deductible applies	\$300/day, up to \$1,500 maximum per stay, deductible applies
<b>Outpatient intensive services and programs (including partial hospitalization) for substance use disorder</b>	30%, deductible applies	30%, deductible applies
<b>Residential programs</b>	30%, deductible applies	30%, deductible applies
<b>Mental health</b>		
<b>Office visits</b>	\$25, deductible does not apply	\$40, deductible applies
<b>Inpatient care (SHS facility)</b>	\$175/day, up to \$875 maximum per stay, deductible applies	\$175/day, up to \$875 maximum per stay, deductible applies
<b>Inpatient care (non-SHS facility)</b>	\$300/day, up to \$1,500 maximum per stay, deductible applies	\$300/day, up to \$1,500 maximum per stay, deductible applies
<b>Partial hospitalization</b>	30%, deductible applies	30%, deductible applies
<b>Residential programs</b>	30%, deductible applies	30%, deductible applies
<b>Other covered services</b>		
<b>Outpatient Rehabilitative Services (includes occupational, physical and Speech Therapy)</b>	SHS facility \$30, deductible applies Non-SHS facility \$35, deductible applies	SHS facility \$30, deductible applies Non-SHS facility \$35, deductible applies
<b>Allergy injections (most)<sup>4</sup></b>	\$15, deductible applies	\$15, deductible applies
<b>Injectables and other drugs administered in the office (other than oral medications)<sup>4</sup></b>	20%, deductible applies	20%, deductible applies
<b>Ambulance, ground</b>	20%, deductible applies	20%, deductible applies
<b>Ambulance, air</b>	20%, deductible applies	20%, deductible applies

All copay costs shown in this chart are after your deductible has been met, if a deductible applies.

Service	2024 PPO Plan Member pays	2024 HSA Eligible High-Deductible Plan Member pays
<b>Other covered services (continued)</b>		
<b>Durable medical equipment (DME), prosthetics, orthotics and medical supplies</b>	30%, deductible applies	30%, deductible applies
<b>Continuous glucose monitors</b>	No charge, deductible applies	No charge, deductible applies
<b>Home health care</b>	\$30, deductible applies	\$30, deductible applies
<b>Hospice</b>	No charge, deductible applies	No charge, deductible applies
<b>Hearing aids</b>	Covered up to \$3,000 every three years, deductible applies No limit for children ages 20 and under	Covered up to \$3,000 every three years, deductible applies No limit for children ages 20 and under
<b>Acupuncture</b>	\$35, deductible applies	\$35, deductible applies
<b>Naturopath<sup>1</sup></b>	\$25, deductible does not apply	\$25, deductible applies
<b>Wigs</b>	20%, deductible applies	20%, deductible applies
<b>Chiropractic<sup>5</sup></b>	\$25, deductible applies. Covered up to 12 visits per year	\$25, deductible applies. Covered up to 12 visits per year
<b>Panniculectomy</b>	50%, deductible does not apply <sup>6</sup> (does not apply to OOP <sup>3</sup> limit)	50%, deductible applies

<sup>1</sup> Primary care provider visit is defined as services provided by a pediatric, family medicine, internal medicine, naturopath or OB-GYN provider.

<sup>2</sup> Bariatric surgery is covered only at in-network/designated facilities and subject to its policies and surgical criteria.

<sup>3</sup> OOP: Out-of-pocket limit.

<sup>4</sup> Contact Customer Service at **541-768-4550** or toll free **800-832-4580** (TTY **800-735-2900**) to determine your copayment or coinsurance levels for applicable services.

<sup>5</sup> Chiropractic benefit only includes manipulations and exams. This benefit does not include X-rays, labs, other radiology or other services that are not considered to be a manipulation treatment.

<sup>6</sup> Panniculectomy coinsurance does not apply to the out-of-pocket limit or deductible. 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.

## 2024 Schedule of Benefits: Prescription drug

The table below summarizes the 2024 pharmacy benefits for the Samaritan Choice PPO Plan and HSA Eligible High-Deductible plans. Please refer to your plan documents for a detailed description of your benefits.

<b>Drug tiers</b>	<b>2024 PPO Plan Pharmacy benefits</b>	<b>2024 HSA Eligible High-Deductible Plan Pharmacy benefits</b>
<b>Tier 1: preventive</b>	No charge, deductible does not apply	No charge, deductible does not apply
<b>Tier 2: low-cost therapeutic</b>	<b>30-day supply:</b> \$3, deductible does not apply <b>90-day supply:</b> \$9, deductible does not apply	<b>30-day supply:</b> \$3, deductible applies <b>90-day supply:</b> \$9, deductible applies
<b>Tier 3: preferred</b>	<b>30-day supply:</b> \$15, deductible does not apply <b>90-day supply:</b> \$45, deductible does not apply	<b>30-day supply:</b> \$15, deductible applies <b>90-day supply:</b> \$45, deductible applies
<b>Tier 4: high-cost preferred</b>	\$25 or 25% (whichever is less), deductible does not apply	\$65 or 25% (whichever is less), deductible applies
<b>Tier 5: non-preferred</b>	\$250 or 50% (whichever is less), deductible does not apply	\$250 or 50% (whichever is less), deductible applies
<b>Tier 6: high-cost specialty</b>	15%, deductible does not apply	15%, deductible applies





2300 NW Walnut Blvd., Corvallis, OR 97330  
800-832-4580 (TTY 800-735-2900)

**[samhealthplans.org/Choice-Benefits](https://samhealthplans.org/Choice-Benefits)**