

# 2008 Samaritan Select

## SUMMARY OF BENEFITS FOR PART-TIME & RETIREE PLAN

Part-time & Retiree | Medical Services—Individual lifetime maximum is \$2 million

	Preferred Providers	Non-Preferred Provider
Deductible	50% of \$1,000 then 20%	50% of \$1,000 then 50%
Annual out-of-pocket maximum	\$2,000/person; \$6,000/family	\$4,000/person; \$12,000/family
Service	You Pay Preferred	You Pay Non-Preferred
<b>Office visit</b>		
Primary care office visit	20%	50%
Specialist office visit	20%	50%
X-ray and lab	20%	50%
<b>Preventive care</b>		
Periodic health appraisals	\$0 <sup>1,2</sup>	50% <sup>1,2</sup>
Well-child check ups (to age 19)	\$0 <sup>1</sup>	50% <sup>1</sup>
Hearing screenings	\$0	50%
Routine immunizations	\$0	50%
Mammography screening	\$0 <sup>1</sup>	50% <sup>1</sup>
Routine women's exam	\$0 <sup>1</sup>	50% <sup>1</sup>
Bone density screening	\$0 <sup>4</sup>	50% <sup>4</sup>
Colonoscopy screening	\$0 <sup>1</sup>	50% <sup>1</sup>
Prostate screening	\$0 <sup>1</sup>	50% <sup>1</sup>
Diabetes and asthma care	\$0	50%
<b>Hearing</b>		
Hearing exam	20% <sup>3</sup>	50% <sup>3</sup>
Hearing aids, \$4000 (every 4 years)	10% <sup>3</sup>	10% <sup>3</sup>
<b>Hospital</b>		
Ambulance	20% <sup>4,5</sup>	50% <sup>4,5</sup>
Inpatient, unlimited days	20%	50%
Outpatient	20%	50%
Emergency room	20%	50%
<b>Surgery</b>		
Inpatient	20%	50%
Outpatient	20%	50%
Office-based	20%	50%

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Part-time & Retiree | **Medical Services, continued**

Service	You Pay Preferred	You Pay Non-Preferred
<b>Maternity and gynecology</b>		
Prenatal and postpartum office visits	20%	50%
Inpatient delivery	20%	50%
Infertility treatment	50% <sup>6</sup>	50% <sup>6</sup>
<b>Mental health and chemical dependency</b>		
Inpatient and residential	20% <sup>6,7</sup>	50% <sup>6,7</sup>
Outpatient	20% <sup>6,7</sup>	50% <sup>6,7</sup>
<b>Durable medical equipment</b>	20%	50%
<b>Insulin, diabetic supplies</b>	0%	0%
<b>Alternative care</b>	50% <sup>8</sup>	50% <sup>8</sup>
<b>Misc. Services</b>		
Outpatient Rehab	20%	50%
Injectibles and therapeutic injectibles	20%	50%
Cardiac Rehab	20%	50%
Home health	20%	50%
Skilled nursing facility	20%	50%

Part-time & Retiree | **Pharmacy Services**

Service	
<b>Prescription drugs</b>	<b>Participating Pharmacies Only</b>
<b>Retail</b>	<b>34-day supply</b>
Therapeutic	\$0
Generic	\$10
Brand	20%
Non-preferred brand	>\$50 or 50% <sup>9</sup>
<b>Mail order</b>	<b>90-day supply</b>
Therapeutic	\$0
Generic	\$25.00
Brand	\$62.50
Non-preferred brand	>\$125 <sup>9</sup>

Part-time & Retiree | **Vision Services**

Not covered.

1. Based on plan's frequency schedule.

2. Includes commercial driver's license medical exam for employee.

3. Hearing aids covered at \$4000 every 4 years.

4. When medically appropriate.

5. Based on criteria including prudent layperson law.

6. Some diagnoses and treatments may not be covered benefits.

7. Some services require prior authorization.

8. Includes chiropractic, naturopathic and acupuncture services. Limited to \$1,000/yr.

9. Plus the difference between generic and brand for multisource brands.

Multisource brand—a brand where there is an exact generic equivalent available.