






BANNER CHOICE PLUS	BANNER OPTION	PREFERRED PROVIDER OPTION (PPO)	INDEMNITY OPTION*
How the Plan Works	When you access care through your Primary Care Physician (PCP), many services are provided at no cost to you or require only a copayment. There is no deductible for you to meet.	When you access care through a Banner selected provider, without a referral from your PCP, you will be responsible for meeting an annual deductible and paying coinsurance for those services.	If you choose to access services from a non-participating provider, you will be responsible for a higher deductible, coinsurance, and amounts over the plan's allowable charges.
Choice of Providers	You access care through your selected PCP (chosen from the Banner network of providers)	You select a PPO provider from the list of participating providers (no PCP referral needed)	You select a provider not in the Banner or PPO provider networks (no PCP referral needed)
Direct Access to Specialists	No - PCP referral is required	Yes - PCP referral is NOT required	Yes — PCP referral is NOT required
Annual Deductible	None	\$250 Individual Only \$500 Family	\$ 750 Individual Only \$1,500 Family
Out-of-Pocket Maximums (includes deductibles and coinsurance)	None	\$2,000 Individual Only \$5,000 Family	\$ 5,000 Individual Only \$10,000 Family
Office Visits	Covered 100% after copay • \$15 copay per PCP visit • \$30 copay per Specialist visit when referred by PCP	After deductible, you pay \$30 copay per visit	After deductible, you pay 40%
Annual Well Woman Exam (physical exam and Pap smear)	Covered 100% after \$15 copay	Covered 100% after \$15 copay	Covered 100% after \$15 copay
Maternity Care	 In-office prenatal care and doctor delivery covered at 100%. Hospitalization covered at 100% after \$140 copay	In-office prenatal care, doctor delivery and hospitalization you pay 20% after deductible	In-office prenatal care, doctor delivery and hospitalization you pay 40% after deductible
Preventive & Routine Care	Covered at 100% after appropriate copay	Not covered, except for Annual Well Woman Exam	Not covered, except for Annual Well Woman Exam
Lab & X-Ray (some procedures require pre-certification)	Covered at 100% after \$15 copay per visit at a Banner network participating provider except for \$50 copay for CT, MRI or PET Scan	After deductible, you pay 20% at a Banner network facility or 30% at a non-participating facility	After deductible, you pay 40%
Urgent Care	Covered 100% after \$40 copay per visit at a Banner network participating Urgent Care Center	Deductible waived, covered 100% after \$80 copay	Deductible waived, covered 100% after \$80 copay
Emergency Care (includes professional fees)	\$140 copay per visit at a Banner facility (\$345 at non-participating facilities), waived if admitted	\$345 copay, waived if admitted	\$345 copay, waived if admitted
Inpatient/Outpatient Hospitalization (some procedures require pre-certification)	 \$140 copay at a Banner facility (\$345 at all non-participating facilities)	After deductible, you pay 20% at a Banner facility or 30% at a non-participating facility (pre-certification is required)	After deductible, you pay 40% (pre-certification is required)
Complementary Medicine (ECHO nutrition counseling, acupuncture, chiropractic and naturopathic care included)	\$30 copay per visit (\$750 annual maximum)	\$30 copay per visit (\$750 annual maximum); deductible waived	\$30 copay per visit (\$750 annual maximum); deductible waived
 Pharmacy	See Pharmacy, page 14	See Pharmacy, page 14	See Pharmacy, page 14
Mental Health – Inpatient Services and Substance Abuse Treatment	 Plan pays 100% after \$140 copay per admission at a Banner hospital facility or CIGNA network providers.	 Deductible waived, covered at 100% after \$140 copay per admission at a Banner hospital facility or CIGNA network providers.	After deductible you pay 40%
Substance Abuse Treatment-Intensive Outpatient Program	Plan pays 100% after \$10 copay per visit at CIGNA network providers.	Deductible waived, covered at 100% after \$10 copay per visit at CIGNA network providers.	After deductible you pay 40%
Mental Health – Outpatient Services	Plan pays 100% after \$15 office visit copay at CIGNA network providers.	Deductible waived, covered at 100% after \$15 copay per visit at CIGNA network providers.	After deductible you pay 40%

*The plan provides coverage up to the “allowable charge” for eligible expenses, based on the Claims Administrator’s Allowed Charge Schedule. The member is responsible for the applicable coinsurance plus any amount above the allowable charge when care is received from a non-participating provider.