



2011 Benefit Chart - Banner Select \$500

	IN NETWORK COVERAGE*	NON-NETWORK COVERAGE*
How the Plan Works	Once plan pays \$500, deductible and co-insurance apply.	Annual deductible and co-insurance apply.
Choice of Providers	Your choice of any participating provider	Your choice of any provider
<i>First Dollar Coverage</i>	Plan pays first \$500 of allowable medical expenses for each covered individual	Not available
Annual Deductible	\$500 Individual Only \$1000 Family	\$1000 Individual Only \$2000 Family
Out-of-Pocket Maximums	\$1,500 Individual Only \$3000 Family	\$7,5000 Individual Only \$15,000 Family
Allergy Injections and Serum	After Plan pays \$500, and deductible is met, Plan pays 70% for injections; 50% for serum.	After deductible is met, Plan pays 50% of allowed charge.
Complementary Medicine Includes ECHO nutrition counseling, acupuncture, chiropractic and naturopathic services.	<i>(Deductible Waived)</i> \$30 Co-pay per visit up to \$750 maximum.	<i>(Deductible Waived)</i> \$30 Co-pay per visit up to \$750 maximum.
Diabetic Education	After Plan pays \$500, and deductible is met, Plan pays 70%.	After deductible is met, Plan pays 50% of allowed charge.
Emergency Care (Including professional fees)	<i>(Deductible Waived)</i> Plan pays 100% after \$140 co-pay at a Banner facility (\$345 at all other facilities). If admitted to hospital, co-pay is waived. <i>First-dollar does not apply.</i>	<i>(Deductible Waived)</i> Plan pays 100% after \$345 co-pay. If admitted to hospital, co-pay is waived.
Home Health Care Visits, Durable Medical Equipment (See Covered Medical Expenses)	After Plan pays \$500, and deductible is met, ~ Plan pays 90% at a Banner provider ~ Plan pays 70% at a participating provider	<i>Not Covered</i>
Hospice	After Plan pays \$500, and deductible is met, Plan pays 70%.	After deductible is met, Plan pays 50% of allowed charge.
Hospitalization (Also applies to outpatient surgery at a hospital or surgi-center.) Certain outpatient procedures and surgeries require pre-certification.	After deductible, Plan pays: ~ 90% at a Banner facility, 50% without pre-certification. ~ 70% at a Banner participating provider, 50% without pre-certification.	After deductible, Plan pays: ~ 50% of allowed charge.



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Infertility Coverage	After plan pays \$500, and deductible is met, infertility diagnostic work up and treatments covered at 50% of allowed charges. Banner pays up to a \$ 5000 lifetime maximum at designated Banner providers. No coverage allowed for services provided by non-designated providers.	<i>Not Covered</i>
In-Hospital Physician Visits	After Plan pays \$500, and deductible is met, Plan pays 70%.	After deductible, Plan pays at 50% of allowed charge.
IV Infusion	After Plan pays \$500, and deductible is met, ~ Plan pays 90% at a Banner facility; ~ Plan pays 70% at a Banner participating provider	<i>Not Covered</i>
Lab and X-ray (Some procedures require pre-certification.)	After Plan pays \$500, and deductible is met, ~ Plan pays 90% at a Banner facility ~ Plan pay 70% at a Banner participating provider	After deductible, Plan pays ~ 50 % of allowed charge
Maternity Care ~ Prenatal Care ~ Provider Delivery ~ Room and Board for Mother and Baby	<i>(Deductible Waived for prenatal and provider delivery)</i> ~ In office prenatal care covered at 100% ~ Provider delivery covered at 100% After Plan pays \$500 and deductible is met, ~ Room and board for mother and baby paid at; ~ 90% at a Banner Hospitals ~ 70% at all other facilities	After deductible, Plan pays 50% of allowed charge.
Mental Health – Inpatient Services and Substance Abuse Treatment	After Plan pays \$500 and deductible is met, Plan pays: ~ 90% at a Banner facility ~ 70% at CIGNA network facilities	After deductible is met, Plan pays 50% of allowed charge.
Mental Health – Outpatient Services and Substance Abuse Treatment	After Plan pays \$500 and deductible is met, Plan pays at 70% at CIGNA network providers.	After deductible is met, Plan pays 50% of allowed charge.



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Office Visits	After Plan pays \$500, and deductible is met, Plan pays at 70%.	After deductible, Plan pays 50% of allowed charge.
Outpatient Therapy - Physical, Occupational and Speech Therapy (No deductible or co-insurance for inpatient therapy services)	After Plan pays \$500, and deductible is met, Plan pays 70% up to 30 visits per therapy type per calendar year at a Banner participating provider.	After deductible is met, Plan pays 50% of allowed charge up to 30 visits per therapy type per calendar year.
Preventive and Routine Care – (Includes Well Woman Exam)	After Plan pays \$500, and deductible is met, covered at 70%.	After deductible, Plan pays 50% of allowed charge.
Skilled Nursing Facility	After Plan pays \$500, and deductible is met, Plan pays: ~ 90% at a Banner facility for up to 90-days per calendar year. ~ 70% at a Banner participating provider for up to 90-days per calendar year. Custodial care not covered.	After deductible is met, Plan pays: 50% of allowed charge for up to 90-days per calendar year. Custodial care not covered.
Surgery for Morbid Obesity (First Dollar Coverage will not be applied.)	Covered at 100% after \$5000 co-pay at a Banner facility. Co-pay applied to hospital services only. Must be pre-approved by Plan.	<i>Not covered.</i>
Surgical Services ~ Surgeon ~ Assistant Surgeon ~ Anesthesiologist ~ Tubal Ligation ~ Vasectomy	After Plan pays \$500 and deductible is met, Plan pays: ~ 70% ~ 70% ~ 70% ~ 70% ~ 70%	After deductible is met, Plan pays 50% of allowed charge.
Urgent Care	<i>(Deductible Waived)</i> Plan pays 100% after \$40 co-pay. <i>First-dollar does not apply</i>	<i>(Deductible Waived)</i> Plan pays 100% of allowed charge after \$80 co-pay
Transplant Coverage	See Managed Transplant Services Certificate of Coverage at www.BannerBenefit.com	

*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 co-insurance plus any amount above the allowable charge when care is received from a non-participating provider.