


**BANNER SELECT \$250**
**IN-NETWORK COVERAGE\***
**NON-NETWORK COVERAGE\***

How the Plan Works	Once plan pays \$250, annual deductible and coinsurance apply	Annual deductible and coinsurance apply
Choice of Providers	Your choice of any participating provider	Your choice of any provider
First-Dollar Coverage	Plan pays first \$250 of allowable medical expenses for each covered individual	Not available
Annual Deductible	\$250 Individual Only \$750 Family	\$ 500 Individual Only \$1,500 Family
Out-of-Pocket Maximums (includes deductibles and coinsurance)	\$2,000 Individual Only \$6,000 Family	\$10,000 Individual Only \$30,000 Family
Office Visits	After plan pays \$250 and deductible is met, you pay 25%	After deductible, you pay 50%
Maternity Care	In-office prenatal care and doctor delivery covered at 100%; after plan pays \$250 and deductible is met, you pay room and board <ul style="list-style-type: none"> <li>• 10% at Banner hospitals</li> <li>• 25% at non-participating facilities</li> </ul>	After deductible, you pay 50%
Preventive & Routine Care (Includes Well Woman Exam)	After plan pays \$250 and deductible is met, you pay 25%	After deductible, you pay 50%
Lab & X-Ray (some procedures require pre-certification)	After plan pays \$250 and deductible is met, you pay <ul style="list-style-type: none"> <li>• 10% at a Banner facility</li> <li>• 25% at a Banner participating provider</li> </ul>	After deductible, you pay 50%
Urgent Care	Deductible waived, covered 100% after \$40 copay, first-dollar does not apply	Deductible waived, covered 100% after \$80 copay
Emergency Care (includes professional fees)	\$140 copay per visit at Banner facilities (\$345 at non-participating facilities), waived if admitted, first-dollar does not apply	\$345 copay, waived if admitted
Inpatient/Outpatient Hospitalization (some procedures require pre-certification)	After plan pays \$250 and deductible is met, you pay <ul style="list-style-type: none"> <li>• 10% at a Banner facility</li> <li>• 25% at a Banner participating provider</li> <li>• 50% without pre-certification</li> </ul>	After deductible, you pay 50%
Complementary Medicine (ECHO nutrition counseling, acupuncture, chiropractic and naturopathic care included)	\$30 copay per visit (\$750 annual maximum); deductible waived	\$30 copay per visit (\$750 annual maximum); deductible waived
 Pharmacy	Select 250 Pharmacy Network Select 250 Formulary Copays: 31 day supply <ul style="list-style-type: none"> <li>• Generic - \$10</li> <li>• Preferred Brand - \$45</li> <li>• Non-formulary - Not Covered</li> </ul> Copays: 93 day supply from mail order <ul style="list-style-type: none"> <li>• Generic - \$25</li> <li>• Preferred Brand - \$105</li> <li>• Non-formulary - Not Covered</li> </ul>	Does not apply
Mental Health – Inpatient Services and Substance Abuse Treatment	After Plan pays \$250 and deductible is met, you pay: <ul style="list-style-type: none"> <li>• 10% at a Banner facility</li> <li>• 25% at CIGNA network providers</li> </ul>	After deductible is met, you pay 50%.
Mental Health – Outpatient Services and Substance Abuse Treatment	After Plan pays \$250 and deductible is met, you pay 25% at CIGNA network providers.	After deductible is met, you pay 50%.

\*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.