



2011 Benefit Chart - Banner Choice Plus

	BANNER OPTION	PPO OPTION	INDEMNITY OPTION
Use of Providers	You select a Primary Care Physician (PCP), who coordinates all care within this option.	You select a provider from the list of participating PPO Option providers. Your PCP is not involved.	Benefits are paid when you see a provider not in the Banner Option or the PPO Option provider networks.
Annual Deductible	No deductible.	\$250 Employee Only \$500 Family (2 or more)	\$750 Employee Only \$1,500 Family (2 or more)
Out-of-Pocket Maximums	None.	\$2000 Single \$5000 Family (2 or more)	\$5000 Single \$10,000 Family (2 or more)
Allergy Injections and Serum	Plan pays 100% for injections; serum covered with 50% co-pay.	After deductible is met, Plan pays 80% for injections; 50% for serum.	After deductible is met, Plan pays 60% of allowed charge for injections; 50% of allowed charge for serum.
Complementary Medicine Includes ECHO nutrition counseling, acupuncture, chiropractic and naturopathic services	\$30 co-pay up to \$750 annual maximum.	<i>(Deductible waived)</i> \$30 co-pay up to \$750 annual maximum.	<i>(Deductible waived)</i> \$30 co-pay up to \$750 annual maximum.
Diabetic Education	Plan pays 100% at Banner Option facility.	After deductible is met, Plan pays 80% up to \$500.	After deductible is met, Plan pays 60% of allowed charge up to \$500.
Emergency Room Visits (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>(Deductible waived)</i> Plan pays 100% after \$345 co-pay. If admitted to hospital, co-pay is waived.	<i>(Deductible waived)</i> Plan pays 100% after \$345 co-pay. If admitted to hospital, co-pay is waived.
Home Health Care Visits or Durable Medical Equipment (See Covered Medical Expenses)	Plan pays 100% at Banner participating providers.	<i>Not Covered.</i>	<i>Not Covered.</i>
Hospice	Plan pays 100%.	After deductible is met, Plan pays 80%.	After deductible is met, Plan pays 60% of allowed charge.
Hospitalization (Applies to outpatient surgery at a hospital or surgi-center) Pre-Certification required for certain outpatient procedures or surgeries.	Plan pays 100% after \$125 co-pay per admission at a Banner hospital facility or \$300 at all other facilities.	After deductible is met, Plan pays 80% at a Banner network facility.	After deductible is met, Plan pays 60% of allowed charge. (pre-certification is required)



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Infertility Coverage	Infertility diagnostic work-up and treatments covered at 50% of allowed charges. Banner pays up to \$5000 lifetime maximum at designated Banner providers. No coverage allowed for services provided by non-designated providers.	<i>Not Covered</i>	<i>Not Covered</i>
In-Hospital Physician Visits	Plan pays 100%.	After deductible is met, Plan pays 80%.	After deductible is met, Plan pays 60% of allowed charge.
IV Infusion	Plan pays 100% at Banner participating providers.	<i>Not Covered.</i>	<i>Not Covered.</i>
Lab and X-Ray	Plan pays 100% after \$15/visit co-pay at Banner Option participating providers. \$50 co-pay for CT, MRI, or PET Scan. Pre-certification is not required.	After deductible is met, Plan pays 80% at a participating facility. Some procedures require pre-certification.	After deductible is met, Plan pays 60% of allowed charge. Some procedures require pre-certification.
Maternity Care		<i>(Deductible Waived)</i>	After deductible is met, Plan pays:
~ Prenatal Care	~ In office prenatal care; Plan pays 100%	~ In office prenatal care; Plan pays 80%	~ In office prenatal care; Plan pays 60% of allowed charge
~ Provider Delivery	~ Plan pays 100%.	~ Plan Pays 80% After deductible is met;	~ 60% of allowed charge.
~ Room and Board for Mother and Baby	~ Plan pays 100% after \$125 co-pay.	~ Plan pays 80% at Banner Hospitals; 70% at a designated hospital.	~ 60% of allowed charge.
Mental Health – Inpatient Services and Substance Abuse Treatment	Plan pays 100% after \$125 co-pay per admission at a Banner hospital facility or CIGNA network providers.	<i>Deductible Waived</i> . Plan pays 100% after \$125 co-pay per admission at a Banner hospital facility or CIGNA network providers.	After deductible is met (\$750 Employee Only; \$1,500 Family (2 or more), Plan pays 60% of allowed charge.
Substance Abuse Treatment-Intensive Outpatient Program	Plan pays 100% after \$10 co-pay per visit at CIGNA network providers.	<i>(Deductible Waived)</i> . Plan pays 100% after \$10 co-pay per visit at CIGNA network providers.	After deductible is met (\$750 Employee Only; \$1,500 Family (2 or more), Plan pays 60% of allowed charge
Mental Health – Outpatient Services	Plan pays 100% after \$15 office visit co-pay at CIGNA network providers.	<i>(Deductible Waived)</i> . Plan pays 100% after \$15 co-pay per visit at CIGNA network providers.	After deductible is met (\$750 Employee Only; \$1,500 Family (2 or more), Plan pays 60% of allowed charge
Surgery for Morbid Obesity	Plan pays 100% after \$5000 co-pay at a Banner facility. Co-pay applied to hospital services only. Must be pre-certified by Plan.	<i>Not Covered.</i>	<i>Not Covered.</i>

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Office Visits	Plan pays 100% after \$15 office visit co-pay for PCP visit; \$30/visit co-pay for specialist visit. Referral to specialist must be arranged by your PCP.	After deductible is met, \$30/visit co-pays.	After deductible is met, Plan pays 60% of allowed charge.
Outpatient Therapy - Physical, Occupational and Speech Therapy (No co-pay, deductible or cosinsurance for inpatient therapy services)	Covered in full after \$10/visit co-pay for up to 30 visits per therapy type per calendar year.	After deductible is met, Plan pays 80% for up to 30 visits per therapy type per calendar year.	After deductible is met, Plan pays 60% of allowed charge for up to 30 per therapy type per calendar year.
Pre-Certifying Your Hospital Stay (Without pre-certification, a \$250 penalty will be applied)	Your Banner Option provider will pre-certify your stay.	Pre-certification is required.	Pre-certification is required.
Preventive & Routine Care (Includes Well Woman Exam)	Well Woman examination Plan pays 100% after \$15 co-pay. Other preventive & routine care covered with appropriate co-pay.	<i>Not covered</i> , except for Well Woman examination. Well woman exam covered after \$15 co-pay.	<i>Not covered</i> , except for Well Woman examination. Well woman exam covered after \$15 co-pay.
Skilled Nursing Facility	Plan pays 100% for 90 days per calendar year. Custodial care not covered.	After deductible is met, Plan pays 80% for up to 90 days per calendar year after hospitalization. Custodial care not covered.	After deductible is met, Plan pays 60% of allowed charge for up to 90-days per calendar year after hospitalization. Custodial care not covered.
Surgical Services ~ Surgeon ~ Assistant Surgeon ~ Anesthesiologist ~ Tubal Ligation ~ Vasectomy	~ Plan pays 100%. ~ Plan pays 100%. ~ Plan pays 100%. ~ Plan pays 100% after \$200 co-pay. ~ Plan pays 100% after \$100 co-pay.	After deductible is met: ~ Plan pays 80%. ~ Plan pays 80%. ~ Plan pays 80%. ~ Plan pays 80% after \$200 co-pay. ~ Plan pays 80% after \$100 co-pay.	After deductible is met , ~ Plan pays 60% of allowed charge. ~ Plan pays 60 of allowed charge. ~ Plan pays 60% of allowed charge. ~ Plan pays 60% of allowed charge after \$200 co-pay. ~ Plan pays 60% of allowed charge after \$100 co-pay.
Urgent Care	Plan pays 100% after \$40 co-pay at a Banner Option provider.	<i>(Deductible waived)</i> Plan pays 100% after \$80 co-pay.	<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 cosinsurance plus any amount above the allowable charge when care is received from a non-participating provider.