

2012 Benefits Annual Enrollment Choice Plus

Benefits FOR THE 2012 BENEFITS Journey

TOTAL REWARDS...PAY AND BENEFITS FOR YOUR JOURNEY

Your pay and benefits are important components of your Journey at Banner Health. The Journey is our employer commitment to creating a great experience for employees. The Journey is best described in this simple statement: ***We'll help make a difference in your life and career so that you can make a difference in the lives of others.*** By offering a variety of benefits options and resources you are able to make choices that work best for you and the members of your family. This enrollment guide will help you understand the benefits available to you in 2012 and the steps you need to take to enroll in and access these benefits.



What's New for 2012

- Benefits ID Cards
- Biometrics Screening Incentive
- Legal
- Life/AD&D
- Long-Term Disability
- Medical
- Pharmacy
- Premiums
- Short-Term Disability
- Vision
- W-2 Reporting

Disclaimer

This guide and the content contained on the Banner Benefits website (www.BannerBenefis.com) provide information about the Banner benefits programs. If there is any discrepancy between this guide and the Plan Documents, the Plan Documents will apply. Nothing in this guide or the Plan Documents will be construed to create or imply any contract of employment between an employee and Banner Health. Banner Health reserves the right to terminate, suspend, withdraw, amend, or modify the plans, or any benefit or cost sharing arrangement under any plan at any time and for any reason.

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Benefits FOR THE 2012 BENEFITS Journey

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Total Rewards

Total Rewards at Banner Health: Shaping the Future

Chances are that you, like many others, have had to make some tough choices about your personal and household budgets in recent years. Changes in the national economy have impacted individuals and businesses all across the country, including Banner Health.

As part of our commitment to open, ongoing communication with you, Banner Health has been keeping you informed about the challenges we face related to state budget shortfalls and their impact on funding of patient care programs. We've also shared the uncertainties we face related to health care reform, which will bring about fundamental changes in the way health care providers like Banner are paid for patient care services.

Banner Health is continually looking ahead, to help us be successful in the short-term and the long-term Banner invests nearly half our revenues (\$2.4 billion dollars in 2010) in employee rewards programs. We want to make sure we are spending our money wisely and that we understand which programs are most effective and important to you. For this reason, in 2011 we invited you and your co-workers to help us shape the future of Banner Health's rewards programs by participating in a Total Rewards Research Study.



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TOTAL REWARDS STRATEGY 2012-2014

Banner Health's Total Rewards Strategy for 2012-2014 is to provide competitive rewards programs (pay and benefits) that:

- Support our employer commitment (Journey) to help make a difference in our employees' lives and careers so that they can make a difference in the lives of others
- Promote personal accountability
- Focus on health management to improve the health, productivity and engagement of our employees, while also managing costs for employees and Banner
- Reward performance not only through pay, but through opportunities for growth and development.

The 2011 Total Rewards Research Study was a key opportunity to be involved in the change process at Banner. Your input was used to shape our Total Rewards strategy for 2012-2014 (a key timeframe related to health care reform). You can learn more about the study and results on Banner's employee website, keyword: TR Study.

Your pay and benefits combined make up your Total Rewards. You can learn more about our pay programs by talking with your leader and by visiting Banner's employee website. This enrollment guide is focused on helping you understand the benefits portion of your Total Rewards.

As part of our Total Rewards strategy, you will see continued and increasing opportunities for you to demonstrate personal accountability and invest in your own health, including:

- Reviewing these enrollment materials and the additional resources referenced in the guide to be sure you understand the many benefits available to you and your family
- Completing your enrollment in a timely manner
- Participating in the *Know Your Numbers* biometrics screenings (see page 8) to understand your personal health risks and offset your medical plan premiums
- Utilizing Banner wellness programs (exercise, flu shots, etc.) available to you
- Avoiding tobacco products in order to qualify for the Non-Tobacco User discounted medical plan premiums
- Using contracted network provider to assure you receive the most for your health care dollar
- Partnering with your personal physician to manage your unique health care needs
- Sharing in the costs of plan coverage for you and your enrolled family members
- Valuing and modeling a commitment to a healthy lifestyle.

When can I enroll?

Current Employees – You may add, drop or make changes to your benefits for 2012 during our Annual Enrollment period, Oct. 23 - Nov. 22, 2011. These choices will become effective Jan. 1, 2012. You will need to take action during Annual Enrollment if any of the following statements apply to you:

- You want to be in a plan you didn't have in 2011
- You want to drop out of a plan you had in 2011
- You want to start covering a family member you didn't cover in 2011
- You want to stop covering a family member you covered in 2011
- You want a Health Care or Dependent Care Flexible Spending Account (FSA) for 2012 (you must re-enroll each year)
- You want to increase or decrease your life insurance coverage

If you do not make any elections or changes during Annual Enrollment, your benefits elections as of Dec. 31, 2011 will continue for 2012, except for your Flexible Spending Accounts.

New Hires and Newly Eligible Employees – You will have 31 days from your hire date (or from the date you move into a benefits-eligible position) to complete your enrollment.

Whether you enroll on day one, day 10 or day 31 of your enrollment period, your benefits coverage will begin on the first of the month following your hire/eligibility date. If your hire or eligibility date falls on the first day of the month, your coverage would begin on that day.

For example, if your hire date is Jan. 23, you have until Feb. 23 to complete enrollment. Even if you don't enroll until Feb. 15, your benefits coverage will begin on Feb. 1 and you will be responsible for your share of all February premiums. View the *Tips: Enrolling* section on the next page for additional details.

If your hire/eligibility date falls on the first day of the month, you still have 31 days to enroll, but your coverage would be effective on your hire/eligibility date.

If you do not enroll during your enrollment period, you may enroll during the next Annual Enrollment period for an effective date of Jan. 1, 2013.

How do I enroll?

You can enroll either online or by phone.

Online

1. Go to www.BannerBenefits.com and click the "Enroll Now" button. This will take you to our online enrollment system.
2. Enter your Banner employee ID number.
3. Enter your eight digit Personal Identification Number (PIN), which is your full date of birth. All PINs are reset to this date each year during the Annual Enrollment period. For example, if you were born Jul. 17, 1958, your PIN would be 07171958. You will need to follow the instructions and create your own unique PIN once you have logged into the enrollment system.
4. Follow the on-screen prompts to enroll.

By phone

1. Call the Service Center at Banner Plan Administration at (480) 684-7070 in the Phoenix metropolitan area, or (800) 827-2464 in all other areas during the hours listed in the *More Information* section.
2. A Service Center team member at Banner Plan Administration will assist you with enrollment.

Where can I find the monthly premiums?

Premiums for 2012 are available for viewing in the online enrollment system. Simply follow the instructions in the section above to log in to the online enrollment system and view the premium sheets.

Who can I enroll?

Many of the benefits plans allow you to add eligible family members to the same plan in which you are enrolled. Depending on the plan, the eligible family members may include:

- Your spouse
- Your common-law spouse if you live in a state that recognizes such marriages
- Your same sex or opposite sex domestic partner* and eligible dependent children (enrollment is limited to medical, pharmacy, dental, vision, life insurance and legal plan)
- Your children, step-children, or those for whom you have legal guardianship up to age 26.
- Your children who are at least age 26 and are incapable of self-support because of a mental or physical disability.

* The current federal tax code only allows you to enroll in post-tax benefits and requires Banner Health to report the value of benefits (the amount that Banner is contributing) provided to a domestic partner as imputed income (meaning added as income to your earned wages) on your paycheck and W-2 forms, and applicable taxes must be paid on those dollars.

TIPS: ENROLLING

All dependents must either have a Social Security number, or you must verify that they do not have one as part of the enrollment process.

If you are enrolling in the Choice Plus medical plan you'll need to enter a Primary Care Physician (PCP) ID for each enrolled family member. You'll find a list of participating providers at www.BannerHealthPlans.com. Be sure to write down the ID number for each provider so you'll have the information ready during enrollment.

You can change your PCP at any time by calling the Service Center at Banner Plan Administration.

Enroll early to ensure you don't miss the enrollment deadline for timely deductions.

Banner mails information about your benefits to your home address throughout the year. Keep your home mailing address current in Employee Manager Self Service (EMSS) to receive this information.

TIPS: DEPENDENT ENROLLMENT

You must notify Banner Plan Administration immediately when your dependents no longer meet the requirements.

If you are enrolling a common law spouse, domestic partner or a dependent for whom you have legal guardianship for the first time, you need to complete a Benefits Enrollment and Change Form, available at www.BannerBenefits.com, keyword: **Benefits Forms**, as part of the enrollment process.

If you and your spouse/domestic partner are both employed by Banner and eligible for benefits, you can't be covered as both an employee and a spouse/domestic partner. There is no reason to pay twice for coverage when Banner will only make one payment for your claims. For the same reason, only one of you can enroll your dependent children in the plans.

If your dependents are enrolled in your medical plan, you must also cover them in your pharmacy plan, but you can make separate coverage decisions for other benefits. For example, you can elect to cover you and your eligible family members for medical and pharmacy, but you may want to cover only yourself and your spouse for vision, and only yourself for life/AD&D.

What happens after I enroll?

Confirmation Statements - To receive an electronic confirmation statement, you must elect to by providing either a Banner e-mail address or supply a personal e-mail during the enrollment process. Otherwise, you will receive a paper confirmation statement in the mail.

Whether you elect to receive a paper or electronic confirmation statement listing your 2012 benefits, it is very important that you review the confirmation for accuracy and follow the instructions for making any needed corrections.



Benefits ID Card - If you are enrolled in one of the Banner medical, pharmacy or dental plans for 2012, the plans you selected and the dependents you enrolled will all be listed on a single Benefits ID card, rather than individual cards for each plan. You will receive a second copy of the Benefits ID card for your enrolled dependents to share; additional copies may be requested as needed from the Service Center at Banner Plan Administration. You will need to show your card when you visit a doctor or dentist, or when you get a prescription filled. No ID cards are issued for any of the other plans; your confirmation statement serves as your proof that you are enrolled.

Payroll Deductions - You and Banner share the cost of your benefits coverage, with Banner paying the majority of the cost for most employees. Throughout the year, 401(k) and Flexible Spending Account contributions are deducted from each paycheck. Your remaining benefits contributions (medical, pharmacy, dental, vision, life and legal) will be deducted from your paycheck, 24 of the 26 pay periods.

Benefits contributions are taken on a pre-tax basis (*excluding coverage for life/AD&D and the legal plan*). This reduces your taxable income, which lowers the amount of federal and state taxes

withheld from each paycheck. Contributions for plans in which your domestic partner is enrolled are required to be paid with post-tax dollars and an imputed income will be charged to you. You will find more information on imputed income on the Benefits Enrollment and Change Form found at www.BannerBenefits.com, keyword: **Benefits Forms**.

Making Changes - You can only change your benefit elections during the year if you have a qualifying event (proof will be required). All changes must be made within 31 days of the event and will take effect the first day of the month following the event other than a new born who is effective the date of birth. If your event date falls on the first day of the month, your changes will be effective on the event date. Eligible qualifying events include:

- changes in your legal marital status
- changes in the number of your dependents
- changes in employment status
- changes in a dependent's eligibility
- you or your dependent become eligible or ineligible for federal or state premium assistance program funded coverage
- change in residence or work site that creates a change in your health plan coverage.

For details about qualifying events, please refer to www.BannerBenefits.com.

TIPS: AFTER ENROLLMENT

When possible, your benefits contributions are taken out of your pay before you are taxed on your earnings. This reduces your taxable income and lowers the amount of federal and state taxes withheld from each paycheck.

If you need a temporary or replacement medical/pharmacy or dental card, visit www.BannerHealthPlans.com.

Be sure to check your pay stub to ensure your premium deductions are accurate.



Health Care Reform

Health Care Reform

Banner Health has determined that the Health Plans offered to its employees are considered to be “grandfathered” under the requirements of the Patient Protection and Affordable Care Act and the Affordable Care Act (the Acts).

As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic and preventive health coverage that were already in effect when that law was enacted. Although the Banner Employee Health Plans are considered grandfathered and exempt from implementing all the requirements of the Acts, many of them were already incorporated into the plans before the laws were passed.

The remaining protections of the Affordable Care Act that apply to the Banner Health Plans will be incorporated according to the schedule the government has laid out for implementation. However, grandfathered health plans must comply immediately with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.



Starting in 2012, the full amount of your and Banner Health’s employer contributions made during the year toward your medical/pharmacy plan coverage will be tracked and reported on the 2012 W-2 you will receive in 2013. This information is a requirement under health care reform. It has no tax consequences for you as an employee.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from a grandfathered health plan status can be directed to Banner Plan Administration at (480) 684-7070 or (800) 827-2464. As a self-insured and self-administered health plan regulated by the Federal Government under ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Wellness & Health Management



Wellness & Health Management

As a health care provider, Banner has a strong focus on value-based care and population health management. This focus extends not only to our patients and the communities we serve, but also to you and your co-workers.

Our commitment to wellness and health management is reflected in our Total Rewards strategy. Our rewards programs have a strong emphasis on helping to make a difference in your life, personal accountability, and providing resources that can improve your health, productivity and engagement.

These opportunities help you learn the importance of making healthy choices and seeking care at the most cost-effective level of the health care continuum. As an added bonus, they can also play a key role in managing health care costs for you and your family, and for Banner.

A wide variety of wellness opportunities, such as exercise programs and flu shots, are available across the system. Wellness programs offered by ECHO (Employees Choosing Healthy Options) are voluntary and your personal information is always kept confidential.

One of the most important wellness offerings is the free *Know Your Numbers* biometrics screening, which can not only help you learn more about your personal health status but can also help offset the cost of your Banner medical plan premium; see the box for more details.

For additional information about this and other wellness programs, visit www.BannerBenefits.com.



BIOMETRICS SCREENING INCENTIVE OFFSETS YOUR MEDICAL PLAN PREMIUMS

You can offset \$10 per month of your 2012 medical plan premiums by completing a Know Your Numbers biometrics screening through Banner's ECHO (Employees Choosing Healthy Options) wellness program. As part of the 2011 Total Rewards Research Study, you told us you want to receive credit for taking care of your personal health. In response, and in support of our Total Rewards focus on personal accountability and health management, this new incentive was announced in July 2011.

In order for your incentive to start in January 2012, you must complete your biometrics screening (including the blood draw) by Dec. 2, 2011. ECHO will continue to offer screening opportunities throughout 2012 to allow you to earn the incentive for a later effective date. If you aren't eligible for or don't enroll in a Banner medical plan in 2012, you can receive a one-time \$50 payroll credit for participating in the screening.

Participation is completely voluntary and confidential. No medical information will be shared with your employer for purposes of obtaining the premium incentive.

As an alternative, you may visit your personal physician for completion of the screening and blood work. All participation deadlines still apply, and you are responsible for expenses related to your physician visit and lab testing.

More information, including Frequently Asked Questions and the forms for the alternative screening by your personal physician, is available on the Biometrics page in the Wellness section at www.BannerBenefits.com.





Medical

Banner Choice Plus

Banner Choice Plus medical plan includes three different ways for you to access care. Each option has a different arrangement for sharing costs.

If you enroll in Banner Choice Plus, you do not have to choose one of the three options at enrollment; you have access to all three options and make your choice each time you access care.

Banner Select Plans

The Banner Select \$250 and \$500 medical plans allow you to see any health care provider and share a portion of the cost through deductibles and coinsurance. The in-network option includes a feature called “first-dollar coverage.” First-dollar coverage pays eligible expenses before any amount is applied to your deductible. After your first-dollar coverage is exhausted, services are applied to your annual deductible, and you and the plan share the cost of services through coinsurance.

NEW FOR BANNER MEDICAL PLANS IN 2012

Premium offsets available for participation in biometrics screenings, see *Wellness & Health Management* on page 8 for more information

Medical travel reimbursement now available at 50 miles rather than 100 miles

No copay for screening **mammograms** or **colonoscopies** at Banner facilities under any Banner medical plan

Choice Plus inpatient copay for care at Banner facilities will increase from \$125 to \$140, and at non-participating facilities from \$300 to \$345

TIPS: MEDICAL






If you enroll your family members with you in one of the Banner medical plans, you will be required to enroll the same family members in a pharmacy option. Banner Select \$250 has its own pharmacy plan and cannot be changed for any other option.

Visit www.BannerHealthPlans.com to find participating providers. This list may change during the year, so it's a good idea to check the list each time you are seeing a new provider or specialist.

If you are enrolling in the Choice Plus medical plan, you'll need to enter a Primary Care Physician (PCP) ID for each enrolled family member. You'll find a list of participating providers at www.BannerHealthPlans.com. Be sure to write down the ID number for each provider so you'll have the information ready during enrollment.

You can change your PCP on the Choice Plus plan at any time by calling the Service Center at Banner Plan Administration.

You can use the dollars in your Health Care Flexible Spending Account to cover your copays and out-of-pocket expenses; see the *Flexible Spending Accounts* section on page 20 for more details.

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.


BANNER SELECT \$500
IN-NETWORK COVERAGE*
NON-NETWORK COVERAGE*

How the Plan Works	Once plan pays \$500, 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 \$500 of allowable medical expenses for each covered individual	Not available
Annual Deductible	\$ 500 Individual Only \$1,000 Family	\$1,000 Individual Only \$2,000 Family
Out-of-Pocket Maximums (includes deductibles and coinsurance)	\$1,500 Individual Only \$3,000 Family	\$ 7,500 Individual Only \$15,000 Family
Office Visits	After plan pays \$500 and deductible is met, you pay 30%	After deductible, you pay 50%
Maternity Care	In-office prenatal care and doctor delivery covered at 100%; after plan pays \$500 and deductible is met, you pay room and board <ul style="list-style-type: none"> • 10% at Banner hospitals • 30% at non-participating 	After deductible, you pay 50%
Preventive & Routine Care	After plan pays \$500 and deductible is met, you pay 30%	After deductible, you pay 50%
Lab & X-Ray (some procedures require pre-certification)	After plan pays \$500 and deductible is met, you pay <ul style="list-style-type: none"> • 10% at a Banner facility • 30% at a Banner participating provider 	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 all other 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 \$500 and deductible is met, you pay <ul style="list-style-type: none"> • 10% at a Banner facility • 30% at a Banner participating provider • 50% without pre-certification 	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	See Pharmacy, page 14	Does not apply
Mental Health – Inpatient Services and Substance Abuse Treatment	After Plan pays \$500 and deductible is met, you pay: <ul style="list-style-type: none"> • 10% at a Banner facility • 30% at CIGNA network providers 	After deductible is met, you pay 50%.
Mental Health – Outpatient Services and Substance Abuse Treatment	After Plan pays \$500 and deductible is met, you pay 30% 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.

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"> • 10% at Banner hospitals • 25% at non-participating facilities 	After deductible, you pay 50%
Preventive & Routine Care	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"> • 10% at a Banner facility • 25% at a Banner participating provider 	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"> • 10% at a Banner facility • 25% at a Banner participating provider • 50% without pre-certification 	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"> • Generic - \$10 • Preferred Brand - \$45 • Non-formulary - Not Covered Copays: 93 day supply from mail order <ul style="list-style-type: none"> • Generic - \$25 • Preferred Brand - \$105 • Non-formulary - Not Covered 	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"> • 10% at a Banner facility • 25% at CIGNA network providers 	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.

Pharmacy

	BASIC PLAN	STANDARD PLAN	EXPANDED PLAN
NEW Formulary (list of covered drugs)	2012 Basic Formulary	2012 Standard Formulary	2012 Expanded Formulary
NEW Retail Network Pharmacy Copay (up to a 31-day supply)	Formulary: \$8 copay generic \$45 copay name-brand Non-formulary: No coverage — you pay 100%	Formulary: \$7 copay generic \$40 copay name-brand Non-formulary: \$75 copay name-brand	Formulary: \$6 copay generic \$34 copay name-brand Non-formulary: \$65 copay name-brand
NEW Mail Order Copay (up to a 93-day supply)	Formulary: \$20 copay generic \$105 copay name-brand Non-formulary: No coverage — you pay 100%; does not apply toward annual out-of-pocket maximum	Formulary: \$16 copay generic \$90 copay name-brand Non-formulary: \$180 copay name-brand	Formulary: \$14 copay generic \$80 copay name-brand Non-formulary: \$155 copay name-brand
Annual Out-of-Pocket Max	\$2,500	\$2,500	\$2,500
Pharmacy Network	Basic Pharmacy Network	Standard Pharmacy Network	Expanded Pharmacy Network

For more information about the plans, or assistance in choosing a plan use the tools at www.BannerBenefits.com.

NEW NEW FOR ALL BANNER PHARMACY PLANS IN 2012

New copays for formulary and non-formulary brand drugs

No copay required for diabetics strips (generic and brand)

TIPS: PHARMACY

If you enroll your family members with you in one of the Banner pharmacy plans, you will be required to enroll the same family members in a medical plan option. Banner Select \$250 has its own pharmacy plan and cannot be changed for any other option.

Each pharmacy plan option has its own formulary (a list of covered drugs). If you or your family members regularly take certain medications, check the formularies to see which plan best meets your needs.

Formularies are updated during the year; you will be notified if you are on a medication that will be impacted by these changes.

Using the mail order option on your Banner pharmacy plan helps to reduce your prescription drug expenses.

For a list of participating Express Script pharmacies, including Banner-owned pharmacies in Alaska, Arizona and Colorado, go to www.BannerBenefits.com.

	PREVENTIVE DENTAL PLAN		COMPREHENSIVE DENTAL PLAN*		ENHANCED DENTAL PLAN*	
	TDA Provider Network	Non-Network Provider	TDA Provider Network	Non-Network Provider	TDA Provider Network	Non-Network Provider
Choice of Dentists	You may go to any dentist, but will receive discounted rates at a TDA Provider		You may go to any dentist, but will receive discounted rates at a TDA Provider		You may go to any dentist, but will receive discounted rates at a TDA Provider	
Annual Deductible (waived for preventive care; routine cleanings, x-rays)	\$ 50 per person \$150 family		\$ 50 per person \$150 family		\$100 per person \$300 family	
Routine Exam, Cleaning and X-ray	Covered 100%		Covered 100%		Covered 100%	
Basic Restorative Care Benefit	After deductible, you pay 5%	After deductible, you pay 25%	1st year of participation, you pay 50% of cost of covered expenses after the deductible.** Each year after		1st year of participation, you pay 50% of cost of covered expenses after the deductible.** Each year after	
			you pay 5% after deductible	you pay 25% after deductible	you pay 5% after deductible	you pay 25% after deductible
Major Restorative Care Benefit	Not covered		1st year of participation, you pay 50% of cost of covered expenses after the deductible.** Each year after		1st year of participation, you pay 50% of cost of covered expenses after the deductible.** Each year after	
			you pay 5% after deductible	you pay 25% after deductible	you pay 5% after deductible	you pay 25% after deductible
Orthodontia	Not covered		You pay 50%; \$1,500 lifetime benefit maximum		You pay 50%; \$5,000 lifetime benefit maximum	
Annual Maximum Benefit	\$500 per member		\$1,500 per member (orthodontia is separate)		\$2,500 per member (orthodontia is separate)	

*The dental plans pay benefits based on usual and customary limits. **Participation for 12 months in any Banner dental plan counts as 1st year of participation for a member. If enrolling for Comprehensive or Enhanced plan for the first time, prior coverage in another Banner dental plan is credited.

TIPS: DENTAL

You can save money by choosing a dentist through Total Dental Administrators (TDA). To see if your current provider is part of the network, or for information on TDA providers, call (602) 266-1995 in the Phoenix metropolitan area, or (888) 422-1995 in all other areas, or visit www.TotalDentalAdmin.com.

If you select the Comprehensive or Enhanced dental plan, your first year of participation you will pay 50% of the cost of the covered expenses after the deductible.

You can use the dollars in your Health Care Flexible Spending Account to cover your out-of-pocket expenses; see the *Flexible Spending Accounts* section for more details.

Vision



	DISCOUNT PLAN	VALUE PLAN	PREMIER PLAN
Annual Eye Exam	Every 12 months	Every 12 months	Every plan year
Eyeglass Lenses	Not covered	Every 12 months (single, bifocal, progressive)	Every plan year (single, bifocal, progressive, polycarbonate, photochromic)
Frames	Not covered	Every 24 months	Every plan year
In-Network Coverage Copay Annual Eye Exam Materials Laser Vision Care (Lasik)	Free Not covered Discounted services available	\$10.00 \$25.00 Discounted services available	\$10.00 \$25.00 Allowance of up to \$500 per eye
VSP Network Allowances Retail Frame Value Elective Contact Lenses	20% Discount 15% Discount	\$105.00 \$100.00	\$150.00 \$150.00
Non-Network Allowances Annual Eye Exam Single Vision Lenses Bifocal Lenses Trifocal Lenses Frame Elective Contact Lenses Laser Vision Care (Lasik)	up to \$35.00 Not covered	up to \$35.00 up to \$25.00 up to \$40.00 up to \$50.00 up to \$45.00 up to \$100.00 Not covered	up to \$35.00 up to \$25.00 up to \$40.00 up to \$50.00 up to \$45.00 up to \$100.00 Allowance of up to \$500 per eye

TIPS: VISION

For a list of in-network providers in your area, call Vision Service Plan (VSP) at (800) 821-8130 or go to www.VSP.com.

You will not be issued an ID card for the vision plan. Instead, your VSP provider will need your Banner Health employee ID number.

You can use the dollars in your Health Care Flexible Spending Account to cover your copays and out-of-pocket expenses; see the *Flexible Spending Accounts* section for more details.



NEW FOR VISION PLANS IN 2012

Vision network has changed slightly; confirm your provider is still contracted for 2012

Vision network now includes Costco and EyeMasters

Life/AD&D Insurance

Life/AD&D Insurance

In the event of the death of your covered spouse or child(ren), benefit payments are made to you. In the event of your death, unless you choose a different beneficiary, benefit payments are made in the order listed below:

- Your spouse
- Your children (including legally adopted children, but excluding step-children)
- Your parents
- Your brothers and sisters
- Your estate

If you want your life/AD&D benefits to be paid in the order above, you DO NOT need to designate a beneficiary. However, if you wish to change the order of your beneficiaries or choose someone not listed above, you must provide a beneficiary designation at the time you enroll online, or by calling the Service Center at Banner Plan Administration.



NEW FOR LIFE/AD&D IN 2012

Core life insurance coverage for all Banner Medical Group (BMG) locations now 1x annual salary

COVERAGE	OPTIONS
Employee*	1x annual salary (provided by Banner) 2x annual salary 3x annual salary 4x annual salary
Spouse/Domestic Partner (up to a maximum of 50% of your employee coverage amount)	\$ 5,000 \$10,000 \$15,000 \$20,000 \$25,000 \$50,000
Child/Children (up to a maximum of 25% of your employee coverage amount)	\$ 2,500 \$ 5,000 \$10,000 \$15,000

* The current Federal Tax Code requires that if an employee receives more than \$50,000 of employer-provided group term life insurance coverage for a period of coverage, then the "cost" (defined below) of the insurance in excess of \$50,000—less any amount paid by the employee with after-tax contributions—is included in the employee's gross income for both federal income tax and FICA purposes.

TIPS: LIFE INSURANCE

Age reductions in employee coverage apply beginning at age 65. For details, please refer to the Summary Plan Description, which is available at www.BannerBenefits.com.

You may change your beneficiary at any time during the year through the online benefits enrollment system or by calling the Service Center at Banner Plan Administration.

Banner offers group term life insurance and we guarantee coverage when you are first eligible to enroll, regardless of your health status.

You may increase your coverage by one level during Annual Enrollment or in response to a qualifying event, provided you are not already enrolled for the maximum levels of coverage.



Legal Plan

Legal Plan

The legal plan offered by Banner provides you and your dependents access to pre-defined professional legal representation at an affordable price. You can choose to receive services from an in-network legal provider (through Hyatt) or you can go outside the network. Your cost for legal coverage will be collected from your paycheck on a post-tax basis. You are required to stay in the plan for the entire year you elect coverage, unless you have a qualifying event. For more information visit www.legalplans.com (password 3090010) or call Hyatt legal plan at (800) 821-6400.

TIPS: LEGAL

Consider enrolling for this plan if you need to create or update your will, adoption paperwork, power of attorney or medical power of attorney, or for consumer protection and debt matters.

NEW FOR LEGAL PLAN IN 2012

Coverage now includes assistance with property tax issues and income tax audits.



Retirement Plans

401(k)

Contributing to the Banner Health 401(k) plan is a great way to save for your future with valuable tax advantages, and your savings get a boost through the Banner matching contribution. Here are some of the plan's key features:

- You can enroll in the 401(k), change your contribution percentage, or stop contributions at any time
- You can contribute up to 100% of your pay on a pre-tax basis, up to IRS annual limits. In addition, if you are age 50 or older on Dec. 31 of the plan year, you can make an additional "catch-up" contribution
- Banner matches your pre-tax contributions dollar for dollar up to the first four percent of your pay contributed, which includes overtime, shift differential and on-call pay
- Matching contributions are made each pay period and begin with the first paycheck after your first anniversary of employment
- You can invest all contributions, including matching contributions, in your choice of available investment funds
- You can access your account and perform transactions online or by phone 24 hours a day, seven days a week
- You are immediately 100 percent vested in all contributions to your account, which means you own the funds in your account (including the Banner match).

With matching contributions, tax advantages and the potential for investment earnings, the Banner Health 401(k) plan is an excellent resource to help you to prepare for your financial future. We have a number of tools and resources available to you. Take advantage of one or all of them to help you get the answers you need.

Roth 401(k)

Banner's 401(k) plan gives you the option to contribute to a Roth 401(k). While the 401(k) uses pre-tax dollars, the Roth 401(k) option lets you contribute post-tax dollars and then withdraw tax-free dollars from your account when you retire.

In order to receive Banner's matching contributions, you must put the first four percent of your retirement contributions in the regular 401(k) using pre-tax dollars. Any contributions above four percent can be directed to the regular 401(k) using pre-tax dollars, the Roth 401(k) using post-tax dollars, or some combination of the two (up to the IRS annual limits).

IRS Annual Limits and Retirement Plans Enrollment

IRS annual contribution limits at the time of this printing are \$16,500 if you are below the age of 50, and \$22,000 if you are age 50 or older on Dec. 31 of the plan year. Please contact Fidelity at (800) 343-0860 or visit www.Fidelity.com/atwork for information on any changes to the annual contribution limits and to enroll in the retirement plans. You can enroll in and make changes to the retirement plans at any time during the year.

TIPS: RETIREMENT PLANS

The following additional features are available to you at no cost. Check with your local Human Resources office for details.

- Annual Retirement Check Up
- Onsite one-on-one check in
- Retail Centers with Retirement Counselors
- Onsite workshops

Flexible Spending Accounts (FSAs)



Flexible Spending Accounts

Banner's Flexible Spending Accounts (FSAs) can help you save money. By paying for your and your qualified dependents eligible health care and dependent care expenses with an FSA, you reduce your taxable income and pay no federal, state or Social Security taxes on the money used for those expenses. You can contribute from \$100 up to \$5,000 to one or both FSA options.

Health Care FSA – Save money and spread your out-of-pocket costs over the year with a Health Care FSA. You can use the Health Care FSA for eligible medical, pharmacy, dental, vision, and hearing expenses for you and your dependents that are not covered by your plans. This includes the cost of copays, coinsurance, eyeglasses, contact lenses, orthodontia, chiropractic care, and eligible over-the-counter drugs.

Dependent Care FSA (Day Care Expenses) – You can use the Dependent Care FSA to pay eligible child care (up to age 13) and elder care expenses that you incur because you and your spouse work. Please note this account **cannot be used for** health care expenses for dependents.

Free FSA Benefits Debit Card - If you enroll for a Flexible Spending Account for 2012, you will automatically receive a free Benefits Debit Card to present at the time you pay for eligible expenses. You pay no money up front, and you don't have to wait to be reimbursed. You may still need to mail or fax proof of your expenses, so be sure to keep your receipts.

TIPS: FSAs

If you want to contribute to a Flexible Spending Account in 2012, you must make that election during the enrollment period. FSAs do not carry over from one year to the next.

Estimate carefully! You will forfeit any money left in your FSAs at the end of the year. Go back through your receipts from this year to help you estimate, or contact your providers for help in determining how much you've spent.

In some cases, the federal Child Care Tax Credit may provide a better tax break than the Dependent Care FSA, particularly if you are in a lower tax bracket. This generally applies to those whose household income is less than \$39,000 a year. Consult a tax advisor to determine the best approach for you.

For the Dependent Care FSA, special rules apply if you are married and your spouse is disabled or a full-time student or if your spouse has set up a similar spending account with his/her employer.

Health care expenses for your dependents are reimbursed from your Health Care FSA, not the Dependent Care FSA.

Using your free Benefits Debit Card eliminates paying with cash and requesting a reimbursement, but be sure to keep your receipts because they may need to be submitted as proof that your dollars were spent on eligible products or services.

If you had a Benefits Debit Card in 2011 and elect a Flexible Spending Account in 2012, you will not receive a new card until your current card expires, so keep your card. If you choose not to participate in a Flexible Spending Account in 2012, your 2011 card will be inactivated.

For details about eligible expenses under the FSAs, call (866) 451-3399, or visit www.discoverybenefits.com.

How the FSAs work

1. You decide how much to contribute — from \$100 up to \$5,000 annually to each FSA during the enrollment period.
2. Your contributions are made through convenient payroll deductions throughout the calendar year on a pre-tax basis.
3. When you have an eligible expense, you must submit a claim form along with an itemized receipt or proof of the expense. You will be reimbursed with tax-free dollars through your choice of a mailed check or direct deposit.
4. You may use your Benefits Debit Card to pay for eligible expenses. This eliminates the need to submit the claim form for reimbursement because the amount will be deducted from your balance automatically. You may be required to submit your itemized receipts to show proof that the charges are on the approved list of eligible expenses.

Health Care – The total amount you choose to set aside for the Health Care FSA is immediately available to cover eligible expenses. For example, if your coverage begins Jan. 1 and you receive a new pair of eyeglasses in January, you can be reimbursed for the full cost as long as your annual contribution amount is enough to cover the full cost.

Dependent Care – Your claims for dependent day care expenses will be reimbursed only if there's enough money in your Dependent Care FSA.

5. You must use all of the money you contribute to the FSAs for expenses incurred during that same plan year, or you will lose the money left in your account at the end of the year. For more information on FSAs, call (866) 451-3399 or visit www.discoverybenefits.com.



Other Benefits

Other Benefits

Leave Plans – Banner provides Paid Time Off, Short-Term Disability and Long-Term Disability coverage for eligible employees; no enrollment is required.



Benefits will no longer be available under the Short Term Disability (STD) plan for elective cosmetic procedures beginning in 2012.



Your Banner Long-Term Disability (LTD) plan has been enhanced to provide coverage if you are unable to work in your own regular occupation for up to 24 months. Before that change, you qualified for long term disability only if you were unable to work at any type of occupation. Beginning in January 2012, your LTD plan will also offer rehabilitation and retraining to help LTD recipients become able to seek new employment opportunities whenever possible.

Details of the plans are available at www.BannerBenefits.com, or you may refer to the information available in the online enrollment packet.

Employee Assistance Program (EAP) – Banner Health's Employee Assistance Program (EAP) is a free confidential resource available to you, your dependents, and all members of your household. Provided through CIGNA Behavioral Health, representatives are available by phone 24 hours a day, 365 days a year by calling a phone number established exclusively for Banner Health employees. Services available include:

- Face-to-Face Counseling
- Telephonic Consultation
- Crisis Intervention

- Financial Services
- Legal Services
- Online Support

To access EAP, call (800) 633-5954 or visit www.cignabehavioral.com.

Discounts and Services – Banner offers a variety of discounts and services such as tickets, trips, rental cars and more through Beneplace; for details visit www.BannerBenefits.com.

Learning Opportunities – Banner supports professional development and lifelong learning through a number of programs, including:

- In-house Educators
- Scholarships
- Banner Leadership Academy
- Clinical Expert: Registered Nurse
- Clinical Academies
- Banner Simulation Medical Center
- Professional Development courses
- CE Direct
- Workshops
- Tuition Assistance
- Discounts with Banner's Academic Partners
- Online classes (clinical and personal enrichment)
- Self-Study Resources and the Learning Library
- Student Center of Excellence
- Banner PRIDE Academy

Visit Banner's employee website and use keywords: *Banner U*, or contact your Human Resources office for details on the programs and resources offered in your area.

Voluntary Benefits – Banner Health offers a number of voluntary benefit plans to provide you with even more options to address your personal priorities. For more information visit www.BannerBenefits.com.

Sittercity – Use Sittercity’s extensive network of over one million nationwide caregivers to find local providers for childcare, elder care, pet care, housekeeping and tutoring services available 24 hours a day, seven days a week. Sittercity can provide you with caregiver related background checks, locations and payment requirements. For details, visit www.sittercity.com/banner.

Beneplace – Beneplace, Banner Health’s **Discounts and Services website**, provides exciting opportunities for you to to save money on products and services you use every day.

Accessing Beneplace is easy. There is no password or ID number required. Visit www2.beneplace.com/bannerhealth to start saving today.





More Information

Banner Benefits Website - Plan information, including Summary Plan Descriptions which list covered and excluded services, is available at www.BannerBenefits.com.

The Service Center at Banner Plan Administration - The Service Center team members at Banner Plan Administration can assist you with questions about the plans and the enrollment process. Call (480) 684-7070 in the Phoenix metropolitan area, or (800) 827-2464 in all other areas, Monday through Friday, 7 a.m. to 6 p.m. (Arizona time).

During Annual Enrollment for 2012, the Service Center will be open until 8 p.m. on Monday and Tuesday, Nov. 21 and 22, 2011.

You can also contact the Service Center by email at Benefits@BannerHealth.com.

Benefits Fairs, Information Sessions or Orientation - Check with your Human Resources office for information about events at your location.

Employee Benefits Specialist/Human Resources - Your local Benefits and Human Resources staff can assist you with questions about the plans and the enrollment process. A list of Employee Benefits Specialists is available at www.BannerBenefits.com.

Banner Benefits Contacts - For detailed information from individual plan vendors, please refer to the phone numbers and websites listed on the *Banner Benefits Contacts* page.

Banner Benefits Contacts

Benefits Enrollment - The Service Center at Banner Plan Administration	(480) 684-7070 Phoenix metro area, (800) 827-2464 all other areas	www.BannerBenefits.com (click the "Enroll Now" button)
COBRA - Discovery Benefits	(866) 451-3399	www.discoverybenefits.com
Dental Plans - Banner Plan Administration	(480) 684-7070 Phoenix metro area, (800) 827-2464 all other areas	www.BannerHealthPlans.com
Dental PPO - Total Dental Administrators (TDA) (not available in Alaska)	(602) 266-1995 Phoenix metro area, (888) 422-1995 all other areas	www.totaldentaladmin.com
Employee Assistance Program (EAP) – CIGNA (Counseling, Crisis Intervention, Financial and Legal Consults)	(800) 633-5954	www.cignabehavioral.com (use BannerHealth for your employer ID and type the word "employee" for your PIN)
Employee Discounts/Beneplace	Available online only	www.beneplace.com/BannerHealth
Family Medical Leaves – ABSENT8	(888) ABSENT8 (888-227-3688)	www.BannerBenefits.com Keyword Search: Benefits Family Medical Leave
Flexible Spending Accounts –Discovery Benefits	(866) 451-3399	www.discoverybenefits.com
Hyatt Legal	(800) 821-6400	www.legalplans.com New enrollees: click on "Thinking About Enrolling," use password 3090010 Current enrollees: click on "Members Log In"
Medical Plans - Banner Plan Administration	(480) 684-7070 Phoenix metro area, (800) 827-2464 all other areas	www.BannerBenefits.com Keyword Search: Benefits Medical www.BannerHealthPlans.com
Pharmacy Plans - Express Scripts	(800) 900-6337	www.member.express-scripts.com Follow instructions to register for the site
Retirement Plans - Fidelity, (401(k), 403(b))	(800) 343-0860 (877) 297-3017 (Spanish)	www.Fidelity.com/atwork
Short Term Disability - ABSENT8	(888) ABSENT8 (888-227-3688)	www.BannerBenefits.com Keyword Search: Benefits STD
Sittercity (Online search tool for care providers)	Available online only	www.sittercity.com/banner
Summary Plan Descriptions (SPDs) and Benefit Summaries	(480) 684-7070 Phoenix metro area, (800) 827-2464 all other areas	www.BannerBenefits.com Keyword Search: Benefits SPD
Vision - Vision Service Plan (VSP)	(800) 877-7195	www.VSP.com
Workers' Compensation – ABSENT8	(888) ABSENT8 (888-227-3688)	www.BannerBenefits.com

This Contact Sheet can be found on the "Contact Us" page of www.BannerBenefits.com.



Banner Health®

(480) 684-7070 in the Phoenix metropolitan area

(800) 827-2464 in all other areas

www.BannerBenefits.com

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