

## 2008 BANNER CHOICE PLUS

	BANNER OPTION	PPO OPTION	INDEMNITY OPTION
<b>Use of Providers</b>	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.
<b>Annual Deductible</b>	No deductible.	\$250 Single \$500 Family (2 or more)	\$750 Single \$1,500 Family (2 or more)
<b>Out-of-Pocket Maximums</b>	None.	\$2,000 Single \$5,000 Family (2 or more)	\$5,000 Single \$10,000 Family (2 or more)
<b>Allergy Injections and Serum</b>	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.
<b>Complementary Medicine</b> Includes acupuncture, chiropractic and naturopathic services	<i>(Deductible waived)</i> \$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
<b>Diabetic Education</b>	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.
<b>Emergency Room Visits</b> (Including professional fees.)	<i>(Deductible waived)</i> Plan pays 100% after \$125 co-pay at a Banner facility, \$200 at all other facilities. If admitted to hospital, co-pay is waived and Hospitalization benefits will apply.	<i>(Deductible waived)</i> Plan pays 100% after \$125 co-pay at a Banner facility, \$200 at all other facilities. If admitted to hospital, co-pay is waived and Hospitalization benefits will apply.	<i>(Deductible waived)</i> Plan pays 100% after \$125 co-pay at a Banner facility, \$200 at all other facilities. If admitted to hospital, co-pay is waived and Hospitalization benefits will apply.
<b>Home Health Care Visits or Durable Medical Equipment</b> (See Covered Medical Expenses)	Plan pays 100%.	After deductible is met, Plan pays 80%.	After deductible is met, Plan pays 60% of allowed charge.
<b>Hospice</b>	Plan pays 100%.	After deductible is met, Plan pays 80%.	After deductible is met, Plan pays 60% of allowed charge.
<b>Hospitalization</b> (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 other facilities if referred by Health Plan.	After deductible is met, Plan pays 80% at a Banner network facility.	After deductible is met, Plan pays 60% of allowed charge.
<b>Infertility Coverage</b>	Infertility treatments covered at 50% of allowed charges up to a \$5,000 lifetime maximum at designated Banner providers. No coverage allowed for services provided by non-designated providers.	<i>Not Covered</i>	<i>Not Covered</i>
<b>In-Hospital Physician Visits</b>	Plan pays 100%.	After deductible is met, Plan pays 80%.	After deductible is met, Plan pays 60% of allowed charge.
<b>IV Infusion</b>	Plan pays 100%.	<i>Not Covered.</i>	<i>Not Covered.</i>

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<b>Lab and X-Ray</b>	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 Banner network facility. Some procedures require pre-certification.	After deductible is met, Plan pays 60% of allowed charge. Some procedures require pre-certification.
<b>Maternity Care</b>  ~ Prenatal Care  ~ Provider Delivery  ~ Room and Board for Mother and Baby	~ In office prenatal care; Plan pays 100%  ~ Plan pays 100%.  ~ Plan pays 100% after \$125 co-pay.	<i>(Deductible Waived)</i> ~ In office prenatal care; Plan pays 80%  ~ Plan Pays 80% After deductible is met; ~ Plan pays 80% at Banner Hospitals; 70% at Banner network hospitals.	After deductible is met, Plan pays:  ~ In office prenatal care; Plan pays 60% of allowed charge  ~ 60% of allowed charge.  ~ 60% of allowed charge.
<b>Mental Health – Inpatient Services and Substance Abuse Treatment</b> (Limitation of 2 courses of treatment for Substance Abuse or Chemical Dependency per lifetime.)	By referral through CIGNA Behavioral Health, Plan pays 100% day(s) 1-3 \$150 co-pay per day for day(s) 4 thru 30. Maximum of 30 days per calendar year.	<i>Not Covered</i>	<i>Not Covered</i>
<b>Substance Abuse Treatment-Intensive Outpatient Program</b> (2 (30 day) courses of treatment for Substance Abuse/Chemical Dependency per lifetime)	By referral through CIGNA Behavioral Health, \$5 co-pay per visit. Maximum of 60 visits per lifetime.	<i>Not Covered</i>	<i>Not Covered</i>
<b>Mental Health – Outpatient Services</b>	By referral through CIGNA Behavioral Health, 100% coverage for initial visit. \$15 co-pay for visit(s) 2 thru 30. Maximum of 30 visits per calendar year.	<i>Not Covered</i>	<i>Not Covered</i>
<b>Surgery for Morbid Obesity</b>	Plan pays 100% after \$5,000 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>
<b>Office Visits</b>	Plan pays 100% after \$15 office visit co-pay for PCP visit; \$30/visit co-pay for specialist visit. Referral to	After deductible is met, \$30/visit co-pay.	After deductible is met, Plan pays 60% of allowed charge.

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	specialist must be arranged by your PCP.		
<b>Outpatient Therapy - Physical, Occupational and Speech Therapy</b> (No co-pay, deductible or co-insurance 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.
<b>Pre-Certifying Your Hospital Stay (Without pre-certification, a \$250 penalty will be applied)</b>	Your Banner Option provider will pre-certify your stay.	Pre-certification is required.	Pre-certification is required.
<b>Preventive &amp; Routine Care (Includes Well Woman Exam)</b>	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.
<b>Skilled Nursing Facility</b>	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.
<b>Surgical Services</b> ~ 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.
<b>Urgent Care</b>	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.