# VACE HEALTH INSURANCE PROGRAM

## VACE CIGNA $5,000 OAP Plan Option (HSA Compatible)

| BENEFITS | IN-NETWORK | OUT-OF-NETWORK |
|---|---|---|
| **Calendar Year Deductible**<br>Individual<br>Family | <br>$5,000 (medical and/or drugs)<br>$10,000 (medical and/or drugs) | <br>$5,000 (medical and/or drugs)<br>$10,000 (medical and/or drugs) |
| **Out-of-Pocket Maximum (includes deductible and drug coinsurance)**<br>Individual<br>Family | <br>$5,000 (medical and drug)<br>$10,000 (medical and drug) | <br>$10,000 (medical and drug)<br>$20,000 (medical and drug) |
| **Lifetime Maximum** | Unlimited | $1,000,000 |
| **Doctor Visits** | 100% after deductible | 80% after deductible* |
| **Preventive Care**<br>Routine Preventive Care<br>Well Woman Care<br>Mammogram | <br>No Charge<br>No Charge<br>No Charge | <br>In-Network Coverage Only<br>In-Network Coverage Only<br>80% after deductible* |
| **Inpatient Hospital** | 100% after deductible | 80% after deductible* |
| **Outpatient Surgery** | 100% after deductible | 80% after deductible* |
| **Emergency Room** | 100% after deductible | 80% after deductible* |
| **Prescription Drugs** (30 to 90 day supply)<br>**Mail Order Drugs** (90 day supply)<br>Generic/Brand Name | 100% after deductible<br>100% after deductible | In-Network Coverage Only<br>Mail Order - TelDrug Only |
| Preventive Drugs | 50% coinsurance (no deductible) | |

This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions, limitations, including legislated benefits, are contained in the Plan Description or insurance certificate.

**Subject to reasonable and customary charge limitations for out-of-network services.*

01/2010

**Please Turn Over**

# *VACE CIGNA $5,000 OAP Plan Options (HSA Compatible)*

| BENEFITS | IN-NETWORK | OUT-OF-NETWORK |
|---|---|---|
| **Skilled Nursing Facility** (Up to 60 days per calendar year) | 100% after deductible | 80% after deductible* |
| **Lab and X-ray Services** | 100% after deductible | 80% after deductible* |
| **Outpatient Short-Term Rehabilitation (60 visits all therapies combined per calendar year / Chiropractic Unlimited)** | | |
| Facility/Hospital Outpatient | 100% after deductible | 80% after deductible* |
| Doctors Office | 100% after deductible | 80% after deductible* |
| **Home Health Care** (Up to 40 visits per calendar year) | 100% after deductible | 80% after deductible* |
| **Hospice** | 100% after deductible | 80% after deductible* |
| **Maternity** | | |
| Initial Visit to Confirm Pregnancy | 100% after deductible | 80% after deductible* |
| Delivery Charges/Including Pre & Post natal visits | 100% after deductible | 80% after deductible* |
| **Durable Medical Equipment** (Unlimited annual maximum) | 100% after deductible | 80% after deductible* |
| **External Prosthetic Devices** (Unlimited annual maximum) | 100% after deductible | 80% after deductible* |
| **Mental Health / Substance Abuse** | | |
| Inpatient | 100% after deductible | 80% after deductible* |
| Outpatient | 100% after deductible | 80% after deductible* |
| **Employee Assistance Plan (EAP)** | 1-3 visits @ 100% | In-Network Coverage Only |
| **Routine Vision** | Not Included | Not Included |

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