

VACE HEALTH INSURANCE PROGRAM

VACE CIGNA \$2,000 OAP Plan Option

(HSA Compatible for Single Coverage; NOT HSA Compatible for Two-Person or Family Coverage)

BENEFITS	YOU PAY IN-NETWORK	YOU PAY OUT-OF-NETWORK
Calendar Year Deductible Individual Family	\$2,000 (medical and/or drugs) \$4,000 (medical and/or drugs)	N/A N/A
Out-of-Pocket Maximum (includes deductible and drug coinsurance) Individual Family	\$5,950 (medical and drug) \$11,900 (medical and drug)	N/A N/A
Lifetime Maximum	Unlimited	N/A
Doctor Visits	50% after deductible	N/A
Preventive Care Routine Preventive Exam Well Woman (including Paps) Routine Mammogram Routine Colonoscopy Routine Lab Work	No Charge No Charge No Charge No Charge No Charge	N/A N/A N/A N/A N/A
Inpatient Hospital	50% after deductible	N/A
Outpatient Surgery	50% after deductible	N/A
Emergency Room	50% after deductible	N/A
Prescription Drugs (30 to 90 day supply) Mail Order Drugs (90 day supply) Generic/Brand Name Out-of-Pocket Maximum	50% coinsurance (after plan deductible) 50% coinsurance (after plan deductible) Plan Out-of-Pocket Applies	N/A N/A N/A
Preventive Drugs - Generic Preventive Drugs - Brand	0% coinsurance (no deductible) 50% coinsurance (after deductible)	N/A N/A

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.

01/2011

Please Turn Over

VACE CIGNA \$2,000 OAP Plan Options

(HSA Compatible for Single Coverage; NOT HSA Compatible for Two-Person or Family Coverage)

BENEFITS	YOU PAY IN-NETWORK	YOU PAY OUT-OF-NETWORK
Skilled Nursing Facility (Up to 60 days per calendar year)	50% after deductible	N/A
Lab and X-ray Services	50% after deductible	N/A
Outpatient Short-Term Rehabilitation (60 visits all therapies combined per calendar year / Chiropractic Unlimited)		
Facility/Hospital Outpatient	50% after deductible	N/A
Doctors Office	50% after deductible	N/A
Home Health Care (Up to 40 visits per calendar year)	50% after deductible	N/A
Hospice	50% after deductible	N/A
Maternity		
Initial Visit to Confirm Pregnancy	50% after deductible	N/A
Delivery Charges/Including Pre & Post natal visits	50% after deductible	N/A
Durable Medical Equipment (Unlimited annual maximum)	50% after deductible	N/A
External Prosthetic Devices (Unlimited annual maximum)	50% after deductible	N/A
Mental Health / Substance Abuse		
Inpatient	50% after deductible	N/A
Outpatient	50% after deductible	N/A
Employee Assistance Plan (EAP)	1-3 visits @ 0%	N/A

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.

01/2011

Please Turn Over