VACE HEALTH INSURANCE PROGRAM

VACE CIGNA $2,450 OAP Plan Option (HSA Compatible)

BENEFITS	YOU PAY IN-NETWORK	YOU PAY OUT-OF-NETWORK
Calendar Year Deductible		
Individual	$2,450 (medical and/or drugs)	$5,000 (medical and/or drugs)
Family	$4,900 (medical and/or drugs)	$10,000 (medical and/or drugs)
Out-of-Pocket Maximum (includes deductible and drug coinsurance)		
Individual	$5,950 (medical and drug)	$10,000 (medical and drug)
Family	$11,900 (medical and drug)	$20,000 (medical and drug)
Lifetime Maximum	Unlimited	$1,000,000
Doctor Visits	10% after deductible	30% after deductible*
Preventive Care		
Routine Preventive Exam	No Charge	In-Network Coverage Only
Well Woman (including Paps)	No Charge	In-Network Coverage Only
Routine Mammogram	No Charge	0% after deductible*
Routine Colonoscopy	No Charge	In-Network Coverage Only
Routine Lab Work	No Charge	In-Network Coverage Only
Inpatient Hospital	10% after deductible	30% after deductible*
Outpatient Surgery	10% after deductible	30% after deductible*
Emergency Room	10% after deductible	30% after deductible*
Prescription Drugs (30 to 90 day supply)	50% coinsurance (after $2,450 deductible)	In-Network Coverage Only
Mail Order Drugs (90 day supply)	50% coinsurance (after $2,450 deductible)	Mail Order - CIGNA Home Delivery Only
Generic/Brand Name		
Out-of-Pocket Maximum		
Individual	Plan Out-Of-Pocket Applies ($5,950)	N/A
Family	Plan Out-Of-Pocket Applies ($11,900)	N/A
Preventive Drugs - Generic	0% coinsurance (no deductible)	
Preventive Drugs - Brand	50% coinsurance (after 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.*

01/2011

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VACE CIGNA $2,450 OAP Plan Options (HSA Compatible)

BENEFITS	YOU PAY IN-NETWORK	YOU PAY OUT-OF-NETWORK
Skilled Nursing Facility (Up to 60 days per calendar year)	10% after deductible	30% after deductible*
Lab and X-ray Services	10% after deductible	30% after deductible*
Outpatient Short-Term Rehabilitation (60 visits all therapies combined per calendar year / Chiropractic Unlimited)		
Facility/Hospital Outpatient	10% after deductible	30% after deductible*
Doctors Office	10% after deductible	30% after deductible*
Home Health Care (Up to 40 visits per calendar year)	10% after deductible	30% after deductible*
Hospice	10% after deductible	30% after deductible*
Maternity		
Initial Visit to Confirm Pregnancy	10% after deductible	30% after deductible*
Delivery Charges/Including Pre & Post natal visits	10% after deductible	30% after deductible*
Durable Medical Equipment (Unlimited annual maximum)	10% after deductible	30% after deductible*
External Prosthetic Devices (Unlimited annual maximum)	10% after deductible	30% after deductible*
Mental Health / Substance Abuse		
Inpatient	10% after deductible	30% after deductible*
Outpatient	10% after deductible	30% after deductible*
Employee Assistance Plan (EAP)	1-3 visits @ 0%	In-Network Coverage Only

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