

VACE HEALTH INSURANCE PROGRAM

VACE CIGNA \$5,950 OAP Plan Option (HSA Compatible)

BENEFITS	YOU PAY IN-NETWORK	YOU PAY OUT-OF-NETWORK
Calendar Year Deductible Individual Family	\$5,950 (medical and/or drugs) \$11,900 (medical and/or drugs)	\$5,950 (medical and/or drugs) \$11,900 (medical and/or drugs)
Out-of-Pocket Maximum (includes deductible and drug coinsurance) Individual Family	\$5,950 (medical and drug) \$11,900 (medical and drug)	\$10,000 (medical and drug) \$20,000 (medical and drug)
Lifetime Maximum	Unlimited	\$1,000,000
Doctor Visits	0% after deductible	20% after deductible*
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	In-Network Coverage Only In-Network Coverage Only 20% after deductible* In-Network Coverage Only In-Network Coverage Only
Inpatient Hospital	0% after deductible	20% after deductible*
Outpatient Surgery	0% after deductible	20% after deductible*
Emergency Room	0% after deductible	20% after deductible*
Prescription Drugs (30 to 90 day supply) Mail Order Drugs (90 day supply) Generic/Brand Name	0% after deductible 0% after deductible	In-Network Coverage Only Mail Order - CIGNA Home Delivery Only
Preventive Drugs - Generic Preventive Drugs - Brand	0% coinsurance (no deductible) 0% 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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BENEFITS	YOU PAY IN-NETWORK	YOU PAY OUT-OF-NETWORK
Skilled Nursing Facility (Up to 60 days per calendar year)	0% after deductible	20% after deductible*
Lab and X-ray Services	0% after deductible	20% after deductible*
Outpatient Short-Term Rehabilitation (60 visits all therapies combined per calendar year / Chiropractic Unlimited)		
Facility/Hospital Outpatient	0% after deductible	20% after deductible*
Doctors Office	0% after deductible	20% after deductible*
Home Health Care (Up to 40 visits per calendar year)	0% after deductible	20% after deductible*
Hospice	0% after deductible	20% after deductible*
Maternity		
Initial Visit to Confirm Pregnancy	0% after deductible	20% after deductible*
Delivery Charges/Including Pre & Post natal visits	0% after deductible	20% after deductible*
Durable Medical Equipment (Unlimited annual maximum)	0% after deductible	20% after deductible*
External Prosthetic Devices (Unlimited annual maximum)	0% after deductible	20% after deductible*
Mental Health / Substance Abuse		
Inpatient	0% after deductible	20% after deductible*
Outpatient	0% after deductible	20% after deductible*
Employee Assistance Plan (EAP)	1-3 visits @ 0%	In-Network Coverage Only

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