

**JPS Health Network
Health Care Plans
Calendar Year 2011**

Description	SELECT Plan			CHOICE Plan		
	JPS Health Network	CIGNA	Out-of-Network	JPS Health Network	CIGNA	Out-of-Network
	Tier I - JPS	Tier II - CIGNA	Tier III - OON	Tier I - JPS	Tier II - CIGNA	Tier III - OON
Annual Deductible	\$0	\$0	\$1,000 per person \$3,000 per family	\$1,000 per person \$3,000 per family	\$2,000 per person \$6,000 per family	\$2,000 per person \$6,000 per family
Out of Pocket Limits (excludes Ded)	\$2,000 per person \$6,000 per family	\$2,000 per person \$6,000 per family	No Limit	\$3,000 per person \$9,000 per family	\$3,000 per person \$9,000 per family	No Limit
Co-insurance	Plan Pays 100% after co-pay	Plan Pays 100% after co-pay	You pay 50% Plan pays 50%	You pay 15% Plan pays 85%	You pay 30% Plan pays 70%	You pay 50% Plan pays 50%
Lifetime Maximum Benefits						
Non-serious mental illness		Unlimited			Unlimited	
All other conditions		Unlimited			Unlimited	
Office Outpatient Visits	\$10 co-pay	\$25 co-pay	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
In-Hospital Services	\$150 co-pay	\$500 co-pay	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Outpatient Services	\$50 co-pay	100 co-pay	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Emergency and Urgent Care						
Hospital Emergency Room	\$250	\$250	\$250	\$250	\$250	\$250
Urgent Care Facility	\$25 co-pay	\$50 co-pay	50% after deductible	15/85 after deductible	30/70 after deductible	30/70 after deductible
Physicians office operating after hours as emergency center	\$25 co-pay	\$50 co-pay	50% after deductible	15/85 after deductible	15/85 after deductible	15/85 after deductible
Preventive Care	\$0	\$0	50% after deductible	\$0	\$0	50% after deductible
Outpatient Diagnostic & Therapeutic						
Radiology Services						
*X-Ray	\$0	\$25	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
*Chemotherapy	\$0	\$25		15/85 after deductible	30/70 after deductible	
*Mammography (diagnostic)	\$0	\$0		15/85 after deductible	30/70 after deductible	
*Bone Density	\$0	\$0		15/85 after deductible	30/70 after deductible	
*Radiation Therapy	Not Available	\$25		Not Available	15/85 after deductible	
*Nuclear Medicine	\$10	\$25		15/85 after deductible	30/70 after deductible	
*Sonogram	\$10	\$25		15/85 after deductible	30/70 after deductible	
*CT/PET Scan	\$50	\$125		15/85 after deductible	30/70 after deductible	
*MRI/MRA	\$75	\$225		15/85 after deductible	30/70 after deductible	
Outpatient Laboratory Services	\$0	\$0	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Care in Skilled Nursing Facility	\$0	\$0	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Maternity Care						
Prenatal and Postnatal visits in physician	\$0	\$25	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Hospital care for mother and baby (for hospital care a deductible will apply to both the mother and baby's charges)	\$150	\$500	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Physician in hospital			50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Obstetrician	\$0	\$0	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Anesthesiologist	\$0	\$0	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Pediatrician	\$0	\$0	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Other Specialist	\$0	\$0	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Ground Ambulance						
Air Ambulance	\$75	\$75	\$75	\$75	\$75	\$75
Care In Home						
Home Health Care Services	\$0	\$0	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Rehabilitative Services						
Inpatient Services						
(Physical, Occupational, Speech and C	\$150 (included in inpatient copay)	\$500	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Outpatient Services	\$10	\$25	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Physical Therapy	Maximum number of outpatient treatments is limited to 45 per calendar year for each type of therapy	Maximum number of outpatient treatments is limited to 45 per calendar year for each type of therapy	Maximum number of outpatient treatments is limited to 45 per calendar year for each type of therapy	Maximum number of outpatient treatments is limited to 45 per calendar year for each type of therapy	Maximum number of outpatient treatments is limited to 45 per calendar year for each type of therapy	Maximum number of outpatient treatments is limited to 45 per calendar year for each type of therapy
Occupational Therapy						
Speech Therapy						
Cardiac Rehabilitative						
Dialysis						
At Home	\$0	\$25	In-Network Only	15/85 after deductible	30/70 after deductible	In-Network Only
Outpatient Dialysis	\$10	\$25	In-Network Only	15/85 after deductible	30/70 after deductible	In-Network Only
Inpatient Hospital	Included in inpatient co-pay	Included in inpatient co-pay	In-Network Only	15/85 after deductible	30/70 after deductible	In-Network Only
Prosthetic Devices	Not Available	\$50	50% after deductible	Not Available	15/85 after deductible	50% after deductible
Hearing Aides	Not available	\$300 co-pay	50% after deductible	Not Available	15/85 after deductible	50% after deductible
Maximum benefit is \$3,800						

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Durable Medical Equipment	\$0	\$0	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Family Planning						
Voluntary Family Planning	\$10	\$25	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
IUD	\$50	\$50				
Depo-Provera	\$50	\$50				
Diaphragm	\$50	\$50				
Vasectomy	\$50	\$50				
Birth Control devices planted under the skin	\$50	\$50				
Smoking Cessation						
JPS Connections Quit Smoking Program	\$10 co-pay	Not Available	Not Available	15/85 after deductible	Not Available	Not Available
	PCP referral required, 6-months maximum/yr. 12-months maximum/lifetime			PCP referral required, 6-months maximum/yr. 12-months maximum/lifetime		
Hospice Care Services						
Outpatient		\$0	Not Available	Not Available	15/85 after deductible	Not Available
Inpatient	Not Available	\$0			15/85 after deductible	
Chiropractic Services 20 days per calendar year	Not Available	\$25/day	50% after deductible	Not Available	30/70 after deductible	50% after deductible
Behavioral Health	CIGNA Behavioral Health	CIGNA Behavioral Health	CIGNA Behavioral Health	CIGNA Behavioral Health	CIGNA Behavioral Health	CIGNA Behavioral Health
Mental and Nervous Conditions						
Outpatient	\$10	\$25	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Inpatient	\$150 per admission	\$500 per admission		15/85 after deductible	30/70 after deductible	
Chemical Dependency						
Outpatient	\$10	\$25	50% after deductible	15/85 after deductible	30/70 after deductible	50% after deductible
Inpatient	\$150 per admission	\$500 per admission		15/85 after deductible	30/70 after deductible	
Allergy	\$0	\$0		15/85 no deductible	30/70 after deductible	
Injections (without office visit)	\$0	\$0	50% after deductible	15/85 no deductible	30/70 after deductible	50% after deductible
Testing	\$10/visit	\$10/visit		15/85 no deductible	30/70 after deductible	
All Other Services	\$10/visit	\$10/visit		15/85 no deductible	30/70 after deductible	
Serum	\$0	\$0		15/85 no deductible	30/70 after deductible	
Acupuncture	\$10 maximum 12 visits/year	Not Available	Not Available	15/85 after deductible	Not Available	Not Available
Prescription Drugs	JPS Pharmacy		Non-JPS Pharmacy	JPS Pharmacy		Non-JPS Pharmacy
Tier I - JPS Select - Formulary	\$8 pick up (30 days) or, mail order (90 days)		Greater of \$8 or 20% of prescription cost	\$8 pick up (30 days) or, mail order (90 days)		Greater of \$8 or 20% of prescription cost
Tier II - JPS Select Non-Formulary	\$16 pick up (30 days) or, mail order (90 days)			\$16 pick up (30 days) or, mail order (90 days)		
Tier III - Brand Specific	\$25 pick up (30 days) or \$75 mail order (90 days)			\$25 pick up (30 days) or \$75 mail order (90 days)		

* - CIGNA Tier II benefit treated as Tier I if service is covered but not available through a JPS Provider/Facility