

SUMMARY OF BENEFITS

INDIVIDUAL & FAMILY PLANS ARIZONA OPEN ACCESS 1000



BENEFIT	IN NETWORK	OUT OF NETWORK
Annual Individual Deductible	\$1,000	\$2,000
Annual Family Deductible	\$3,000	\$6,000
<i>All benefits listed below are subject to the deductible unless otherwise noted</i>		
Coinsurance	CIGNA pays 80% of eligible charges	CIGNA pays 60% of eligible charges
Individual Out of Pocket Maximum	\$2,500	\$5,000
Family Out of Pocket Maximum	\$5,000	\$10,000
<i>Copays, deductibles and pharmacy charges do not apply to the out of pocket maximum</i>		
Life Time Maximum	\$5,000,000 per member	
PHYSICIAN SERVICES		
Office Visit Primary Care Physician Specialist	\$25 copay \$50 copay	CIGNA pays 60%
Inpatient Physician Services and all In-Hospital Care	CIGNA pays 80%	CIGNA pays 60%
Surgery (in any setting)	CIGNA pays 80%	CIGNA pays 60%
PREVENTIVE CARE		
Children (through age 6) Office Visit Immunizations	\$25 copay CIGNA pays 100% deductible waived	CIGNA pays 60%
Adult Preventive Care (age 7 and up) Mammogram Pap Smear PSA Colonoscopy	CIGNA pays 100% deductible waived	CIGNA pays 60%
Routine Physicals and other routine services (annual maximum of \$300 per member, per year)	\$25/\$50 copay	CIGNA pays 60%
INPATIENT HOSPITAL FACILITY SERVICES		
Semi Private Room and Board all In-Hospital Care Services (inpatient room and board, pharmacy, x-ray and laboratory, operating room, etc.)	CIGNA pays 80%	CIGNA pays 60%
OUTPATIENT SERVICES		
Lab, X-ray, Ultrasound	CIGNA pays 80%	CIGNA pays 60%
CT scan and MRI	CIGNA pays 80%	CIGNA pays 60%
Cardio Pulmonary Rehab Unlimited visits	CIGNA pays 80%	CIGNA pays 60%
Physical Therapy, Occupational Therapy and Speech Therapy 24 total visits per year, in- and out-of-network for Physical Therapy, Occupational Therapy and Speech Therapy combined	CIGNA pays a maximum payment of \$30 per visit, per member	
Spinal Manipulation Therapy	\$50 copay	CIGNA pays 60%
Outpatient Surgery Facility charge	CIGNA pays 80%	CIGNA pays 60%

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EMERGENCY & URGENT CARE SERVICES		
Hospital Emergency Room <i>(including radiology, pathology and ER physician and ancillary charges)</i> \$150 additional deductible waived if admitted	CIGNA pays 80%	CIGNA pays 60%
BENEFIT	IN NETWORK	OUT OF NETWORK
Urgent Care Services	\$50 copay	CIGNA pays 60%
Ambulance <i>Emergency transport only. Maximum payment of \$5,000 per year</i>	CIGNA pays 80%	CIGNA pays 60%
OTHER HEALTH CARE FACILITIES		
Skilled Nursing Facility, Rehabilitation Hospital and Sub Acute Facilities <i>60 day maximum per year and maximum payment of \$400 per day for skilled nursing facility</i>	CIGNA pays 80%	CIGNA pays 60%
Home Health <i>Unlimited visits</i>	CIGNA pays 80%	CIGNA pays 60%
Hospice <i>Lifetime Maximum payment of \$10,000</i>	CIGNA pays 80%	CIGNA pays 60%
DURABLE MEDICAL EQUIPMENT (DME)		
<i>Calendar year maximum of \$5,000</i>	CIGNA pays 80%	CIGNA pays 60%
MENTAL HEALTH		
In Patient <i>Combined maximum payment of \$2,500 per person, per year</i>	CIGNA pays 80%	CIGNA pays 60%
Out Patient <i>20 maximum visits per person, per year for both In- and Out-of-Network</i>	CIGNA pays 80%	CIGNA pays 60%
PRESCRIPTION DRUGS		
Brand Name Prescription Drug Deductible <i>Does not apply to Generic</i>	\$100 per member	
Generic	You pay \$10 per 30-day supply	CIGNA pays 50%
Brand Name	Brand Name Drug Deductible applies. You pay \$35 per 30-day supply	CIGNA pays 50%
Non Preferred Brand Name	Brand Name Drug Deductible applies You pay \$60 per 30-day supply	CIGNA pays 50%
Self Injectables	Brand Name Drug Deductible applies CIGNA pays 80%	CIGNA pays 50%
MAIL ORDER DRUGS		
Generic	You pay \$25 per 90-day supply	Not Covered
Brand Name	Brand Name Drug Deductible applies You pay \$85 per 90-day supply	Not Covered
Non-Preferred Brand Name	Brand Name Drug Deductible applies You pay \$150 per 90-day supply	Not Covered
Self Injectables	Brand Name Drug Deductible applies CIGNA pays 80%	Not Covered

Exclusions:

- Conditions which are **pre-existing**.
- Services or supplies that CIGNA considers to be for **Experimental Procedures or Investigative Procedures**.
- Services for which the Insured Person has **no legal obligation to pay** or for which no charge would be made if the Insured Person did not have a health policy or insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any **workers' compensation**, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
- Conditions caused by: (a) an **act of war**; (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person participating in the **military service** of any country; (d) an Insured Person participating in an **insurrection, rebellion, or riot**.
- Any services provided by a local, state or federal **government agency**, except when payment under this Policy is expressly required by federal or state law.
- If the Insured Person is eligible for **Medicare**, any services covered by Medicare under parts A or B are excluded regardless of actual enrollment in Medicare or payment by Medicare for those services. However, for any Covered Services, if there is a balance remaining after the Medicare Payment, or the amount that Medicare would have paid had the Insured Person enrolled in the program, CIGNA will pay the remaining balance up to the Medicare allowable amount. In no event, however, will the actual amount CIGNA pays exceed the amount that CIGNA would have paid if it were the sole insurance carrier.
- Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid).
- Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is **related to the Insured Person** by blood, marriage or adoption.
- Custodial Care.
- Inpatient or outpatient services of a **private duty nurse**.
- Inpatient room and board charges in connection with a **Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain**; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Inpatient room and board charges in connection with a Hospital stay primarily for **diagnostic tests** which could have been performed safely on an outpatient basis.
- Treatment of **Mental, Emotional or Functional Nervous Disorders** except as specifically stated in the Policy. .
- Smoking cessation programs.
- Treatment of substance abuse, except as specifically stated in the Policy
- **Dental services, Orthodontic Services and dental implants**
- **Hearing aids and routine hearing tests.**
- **Optometric services, eye surgery** to correct refractive defects of the eye.
- Any off label cancer drug that has been prescribed for a specific type of cancer for which use of the drug has not been approved by the U.S. Food and Drug Administration (US FDA) except as specifically stated in the Policy.
- **Cosmetic surgery.**
- **Sex change surgery.**
- Treatment of **sexual dysfunction, impotence, fertility and/or Infertility** and **Cryopreservation** of sperm or eggs.
- **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for **weight reduction** or treatment of obesity
- **Routine physical exams** except as specifically stated in the Policy.
- Charges for **telephone or email consultations.**
- Items which are furnished primarily for **personal comfort** or convenience.
- **Educational services** except as specifically stated in the Policy
- **Nutritional counseling** or food supplements. .

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INDIVIDUAL & FAMILY PLANS ARIZONA OPEN ACCESS 1000



- **Syringes.**
- **All Foreign Country Provider** charges.
- **Growth Hormone Treatment** except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition.
- Routine **foot care.**
- Charges for **animal to human organ transplants.**
- Charges for **Normal Pregnancy or Maternity Care.**
- Claims received by CIGNA after 15 months from the date service was rendered.

These Are Only the Highlights

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Annual Family Deductible	\$6,000	\$12,000
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Coinsurance	CIGNA pays 80% of eligible charges	CIGNA pays 60% of eligible charges
Individual Out of Pocket Maximum	\$2,500	\$5,000
Family Out of Pocket Maximum	\$5,000	\$10,000
<i>Copays, deductibles and pharmacy charges do not apply to the out of pocket maximum</i>		
Life Time Maximum	\$5,000,000 per member	
PHYSICIAN SERVICES		
Office Visit Primary Care Physician Specialist	\$25 copay \$50 copay	CIGNA pays 60%
Inpatient Physician Services and all In-Hospital Care	CIGNA pays 80%	CIGNA pays 60%
Surgery (in any setting)	CIGNA pays 80%	CIGNA pays 60%
PREVENTIVE CARE		
Children (through age 6) Office Visit Immunizations	\$25/\$50 copay CIGNA pays 100% deductible waived	CIGNA pays 60%
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Annual Family Deductible	\$9,000	\$18,000
<i>All benefits listed below are subject to the deductible unless otherwise noted</i>		
Coinsurance	CIGNA pays 70% of eligible charges	CIGNA pays 50% of eligible charges
Individual Out of Pocket Maximum	\$5,000	\$10,000
Family Out of Pocket Maximum	\$10,000	\$20,000
<i>Copays, deductibles and pharmacy charges do not apply to the out of pocket maximum</i>		
Life Time Maximum	\$5,000,000 per member	
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Self Injectables	Brand Name Drug Deductible applies CIGNA pays 70%	CIGNA pays 50%
MAIL ORDER DRUGS		
Generic	You pay \$25 per 90-day supply	Not Covered
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Annual Family Deductible	\$15,000	\$30,000
<i>All benefits listed below are subject to the deductible unless otherwise noted</i>		
Coinsurance	CIGNA pays 70% of eligible charges	CIGNA pays 50% of eligible charges
Individual Out of Pocket Maximum	\$5,000	\$10,000
Family Out of Pocket Maximum	\$10,000	\$20,000
<i>Copays, deductibles and pharmacy charges do not apply to the out of pocket maximum</i>		
Life Time Maximum	\$5,000,000 per member	
PHYSICIAN SERVICES		
Office Visit Primary Care Physician Specialist	\$30 copay \$60 copay	CIGNA pays 50%
Inpatient Physician Services and all In-Hospital Care	CIGNA pays 70%	CIGNA pays 50%
Surgery (in any setting)	CIGNA pays 70%	CIGNA pays 50%
PREVENTIVE CARE		
Children (through age 6) Office Visit Immunizations	\$30 copay CIGNA pays 100% deductible waived	CIGNA pays 50%
Adult Preventive Care (age 7 and up) Mammogram Pap Smear PSA Colonscopy	CIGNA pays 100% deductible waived	CIGNA pays 50%
Routine Physicals and other routine services <i>(annual maximum of \$300 per member, per year)</i>	\$30/\$60 copay	CIGNA pays 50%
INPATIENT HOSPITAL FACILITY SERVICES		
Semi Private Room and Board all In-Hospital Care Services <i>(inpatient room and board, pharmacy, x-ray and laboratory, operating room, etc.)</i>	CIGNA pays 70%	CIGNA pays 50%
OUTPATIENT SERVICES		
Lab, X-ray, Ultrasound	CIGNA pays 70%	CIGNA pays 50%
CT scan and MRI	CIGNA pays 70%	CIGNA pays 50%
Cardio Pulmonary Rehab <i>Unlimited visits</i>	CIGNA pays 70%	CIGNA pays 50%
Chiropractic Services; Physical Therapy Occupational Therapy and Speech Therapy <i>24 total visits per year, in- and out-of-network for Chiropractic, Physical Therapy Occupational Therapy and Speech Therapy combined</i>	CIGNA pays a maximum payment of \$30 per visit, per member	
Spinal Manipulation Therapy	\$50 copay	CIGNA pays 50%
Outpatient Surgery Facility charge	CIGNA pays 70%	CIGNA pays 50%

SUMMARY OF BENEFITS

INDIVIDUAL & FAMILY PLANS ARIZONA OPEN ACCESS 5000



EMERGENCY & URGENT CARE SERVICES		
Hospital Emergency Room <i>(including radiology, pathology and ER physician and ancillary charges)</i> \$150 additional deductible waived if admitted	CIGNA pays 70%	CIGNA pays 50%
BENEFIT	IN NETWORK	OUT OF NETWORK
Urgent Care Services	\$50 copay	CIGNA pays 50%
Ambulance <i>Emergency transport only. Maximum payment of \$5,000 per year</i>	CIGNA pays 70%	CIGNA pays 50%
OTHER HEALTH CARE FACILITIES		
Skilled Nursing Facility, Rehabilitation Hospital and Sub Acute Facilities <i>60 day maximum per year and maximum payment of \$400 per day for skilled nursing facility</i>	CIGNA pays 70%	CIGNA pays 50%
Home Health <i>Unlimited visits</i>	CIGNA pays 70%	CIGNA pays 50%
Hospice <i>Lifetime Maximum payment of \$10,000</i>	CIGNA pays 70%	CIGNA pays 50%
DURABLE MEDICAL EQUIPMENT (DME)		
<i>Calendar year maximum of \$5,000</i>	CIGNA pays 70%	CIGNA pays 50%
MENTAL HEALTH		
In Patient <i>Combined maximum payment of \$2,500 per person, per year</i>	CIGNA pays 70%	CIGNA pays 50%
Out Patient <i>20 maximum visits per person, per year for both In- and Out-of-Network</i>	CIGNA pays 70%	CIGNA pays 50%
PRESCRIPTION DRUGS		
Brand Name Prescription Drug Deductible <i>Does not apply to Generic</i>	\$100 per member	
Generic	You pay \$10 per 30-day supply	CIGNA pays 50%
Brand Name	Brand Name Drug Deductible applies. You pay \$35 per 30-day supply	CIGNA pays 50%
Non Preferred Brand Name	Brand Name Drug Deductible applies You pay \$60 per 30-day supply	CIGNA pays 50%
Self Injectables	Brand Name Drug Deductible applies CIGNA pays 70%	CIGNA pays 50%
MAIL ORDER DRUGS		
Generic	You pay \$25 per 90-day supply	Not Covered
Brand Name	Brand Name Drug Deductible applies You pay \$85 per 90-day supply	Not Covered
Non-Preferred Brand Name	Brand Name Drug Deductible applies You pay \$150 per 90-day supply	Not Covered
Self Injectables	Brand Name Drug Deductible applies CIGNA pays 70%	Not Covered

SUMMARY OF BENEFITS

INDIVIDUAL & FAMILY PLANS ARIZONA OPEN ACCESS 5000



Exclusions:

- Conditions which are **pre-existing**.
- Services or supplies that CIGNA considers to be for **Experimental Procedures or Investigative Procedures**.
- Services for which the Insured Person has **no legal obligation to pay** or for which no charge would be made if the Insured Person did not have a health policy or insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any **workers' compensation**, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
- Conditions caused by: (a) an **act of war**; (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person participating in the **military service** of any country; (d) an Insured Person participating in an **insurrection, rebellion, or riot**.
- Any services provided by a local, state or federal **government agency**, except when payment under this Policy is expressly required by federal or state law.
- If the Insured Person is eligible for **Medicare**, any services covered by Medicare under parts A or B are excluded regardless of actual enrollment in Medicare or payment by Medicare for those services. However, for any Covered Services, if there is a balance remaining after the Medicare Payment, or the amount that Medicare would have paid had the Insured Person enrolled in the program, CIGNA will pay the remaining balance up to the Medicare allowable amount. In no event, however, will the actual amount CIGNA pays exceed the amount that CIGNA would have paid if it were the sole insurance carrier.
- Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid).
- Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is **related to the Insured Person** by blood, marriage or adoption.
- Custodial Care.
- Inpatient or outpatient services of a **private duty nurse**.
- Inpatient room and board charges in connection with a **Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain**; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Inpatient room and board charges in connection with a Hospital stay primarily for **diagnostic tests** which could have been performed safely on an outpatient basis.
- Treatment of **Mental, Emotional or Functional Nervous Disorders** except as specifically stated in the Policy. .
- Smoking cessation programs.
- Treatment of substance abuse, except as specifically stated in the Policy
- **Dental services, Orthodontic Services and dental implants**
- **Hearing aids and routine hearing tests**.
- **Optometric services, eye surgery** to correct refractive defects of the eye.
- Any off label cancer drug that has been prescribed for a specific type of cancer for which use of the drug has not been approved by the U.S. Food and Drug Administration (US FDA) except as specifically stated in the Policy.
- **Cosmetic surgery**.
- **Sex change surgery**.
- Treatment of **sexual dysfunction, impotence, fertility and/or Infertility** and **Cryopreservation** of sperm or eggs.
- **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for **weight reduction** or treatment of obesity
- **Routine physical exams** except as specifically stated in the Policy.
- Charges for **telephone or email consultations**.
- Items which are furnished primarily for **personal comfort** or convenience.
- **Educational services** except as specifically stated in the Policy
- **Nutritional counseling** or food supplements. .

SUMMARY OF BENEFITS

INDIVIDUAL & FAMILY PLANS ARIZONA OPEN ACCESS 5000



- **Syringes.**
- **All Foreign Country Provider** charges.
- **Growth Hormone Treatment** except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition.
- Routine **foot care.**
- Charges for **animal to human organ transplants.**
- Charges for **Normal Pregnancy or Maternity Care.**
- Claims received by CIGNA after 15 months from the date service was rendered.

These Are Only the Highlights

This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Certificate. This plan is insured and/or administered by Connecticut General Life Insurance Company, a CIGNA Company.

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CIGNA
Open Access
PlansSM



Open Access Plans – ARIZONA

Rates effective through December 31, 2008

Maricopa County

Age	\$1000 Deductible		\$2000 Deductible		\$3000 Deductible		\$5000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female
<2	296	296	252	252	215	215	184	184
2-17	104	108	88	91	75	78	64	67
18-24*	128	183	108	155	92	132	79	113
25-29	133	195	112	164	96	141	82	120
30-34	150	211	127	178	109	153	93	131
35-39	172	223	145	188	124	161	106	138
40-44	210	251	177	211	152	182	130	155
45-49	268	301	225	253	194	218	166	187
50-54	340	333	285	279	246	241	211	206
55-59	413	385	345	322	299	279	255	239
60-64	492	461	411	385	356	334	305	285

Pima County

Age	\$1000 Deductible		\$2000 Deductible		\$3000 Deductible		\$5000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female
<2	280	280	238	238	203	203	174	174
2-17	98	102	83	86	71	74	60	63
18-24*	121	173	102	146	87	125	75	107
25-29	126	184	106	155	91	133	77	113
30-34	142	199	120	168	103	144	88	124
35-39	162	211	137	178	117	152	100	130
40-44	198	237	167	199	144	172	123	146
45-49	253	284	212	239	183	206	157	177
50-54	321	314	269	263	232	228	199	195
55-59	390	364	326	304	282	263	241	226
60-64	465	435	388	364	336	315	288	269



Rates are subject to change upon 60 days prior notice. Monthly premium rates will change should a member have a birthday that places them in a higher Age Category. Eligibility for county rate is based on residential zip code.

* A dependent child enrolling on a parent's policy who is 19 through 22 years of age, and is a full-time student, receives the 2-17 Age Category rate. Full-time student status must be maintained.



Gila and Pinal Counties

Age	\$1000 Deductible		\$2000 Deductible		\$3000 Deductible		\$5000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female
<2	322	322	274	274	234	234	200	200
2-17	113	117	96	99	82	85	70	73
18-24*	139	199	117	169	100	144	86	123
25-29	145	212	122	178	104	153	89	131
30-34	163	229	138	194	119	166	101	142
35-39	187	243	158	204	135	175	115	150
40-44	228	273	192	229	165	198	141	169
45-49	291	327	245	275	211	237	181	203
50-54	370	362	310	303	268	262	229	224
55-59	449	419	375	350	325	303	277	260
60-64	535	501	447	419	387	363	332	310

Apache, Coconino, La Paz, Mohave, Navajo, Yavapai and Yuma Counties

Age	\$1000 Deductible		\$2000 Deductible		\$3000 Deductible		\$5000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female
<2	433	433	368	368	314	314	269	269
2-17	152	158	129	133	110	114	94	98
18-24*	187	267	158	227	134	193	115	165
25-29	194	285	164	240	140	206	120	175
30-34	219	308	186	260	159	224	136	191
35-39	251	326	212	275	181	235	155	202
40-44	307	367	259	308	222	266	190	227
45-49	392	440	329	370	284	319	243	273
50-54	497	487	417	408	360	352	308	301
55-59	604	563	504	471	437	408	373	349
60-64	719	674	601	563	520	488	446	417

Cochise, Graham, Greenlee and Santa Cruz Counties

Age	\$1000 Deductible		\$2000 Deductible		\$3000 Deductible		\$5000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female
<2	362	362	308	308	263	263	225	225
2-17	127	132	108	111	92	95	78	82
18-24*	157	224	132	190	113	161	97	138
25-29	163	238	137	201	117	172	100	147
30-34	183	258	155	218	133	187	114	160
35-39	210	273	177	230	152	197	130	169
40-44	257	307	216	258	186	223	159	190
45-49	328	368	275	309	237	267	203	229
50-54	416	407	349	341	301	295	258	252
55-59	505	471	422	394	366	341	312	292
60-64	602	564	503	471	435	408	373	349

Rates are subject to change upon 60 days prior notice. Monthly premium rates will change should a member have a birthday that places them in a higher Age Category. Eligibility for county rate is based on residential zip code.

*A dependent child enrolling on a parent's policy who is 19 through 22 years of age, and is a full-time student, receives the 2-17 Age Category rate. Full-time student status must be maintained.

Enrollment in a CIGNA Open Access Plan is subject to medical underwriting guidelines established by the health plan.

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