

Pima County Medical Comparison Chart for Plan Year 2015/16

This brief summary highlights of the High Deductible Health Plans (HDHPs) and Participating Provider Organization (PPO). Every effort has been made to ensure the accuracy of this chart. In the event of any discrepancy the legal documents, policies, or certificates pertaining to the various benefits will prevail. Please refer to the schedule of benefits for each plan. Provisions of the Patient Protection and Affordable Care Act mandates may supersede benefits and out-of-pocket costs.

Benefit Category	HDHP		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Overall Features				
Deductible (plan year) Individual / Family	\$2,000 / \$4,000	\$4,000 / \$8,000	\$1,000 / \$2,000	\$2,000 / \$4,000
	Deductibles do not cross apply		Deductibles do not cross apply	
Out-of-Pocket Maximum (OOPM) Individual / Family	\$3,000 / \$6,000	\$8,000 / \$16,000***	\$2,000 / \$4,000	\$4,000 / \$8,000***
	Includes Deductible, OOPM do not cross apply		Includes Deductible & Medical and Rx copays, OOPM do not cross apply	
Maximum Lifetime Benefit	Unlimited		Unlimited	
Benefit Services				
Physician Office Visit	You pay 10% after deductible	You pay 30%, after deductible***	You pay \$25 copay per visit	You pay 40%, after deductible***
Specialist Office Visit	You pay 10% after deductible	You pay 30%, after deductible***	You pay \$45 copay per visit	You pay 40%, after deductible***
Preventive Care	Plan pays 100%, deductible waived	Not Covered	Plan pays 100%, deductible waived	Not Covered
Lab and X-Ray	You pay 10% after deductible	You pay 30%, after deductible***	Plan pays 100%, deductible waived	You pay 40%, after deductible***
Specialized Screenings, MRI, MRAs, CAT Scan, Pet Scan	You pay 10% after deductible	You pay 30%, after deductible***	You pay 20% after deductible**	You pay 40%, after deductible***
Outpatient Surgery	You pay 10% after deductible	You pay 30%, after deductible***	You pay 20% after deductible	You pay 40%, after deductible***
Inpatient Hospital Services	You pay 10% after deductible	You pay 30%, after deductible***	You pay 20% after deductible	You pay 40%, after deductible***
Outpatient Rehabilitation Therapy / Chiropractic Services*	You pay 10% after deductible	You pay 30%, after deductible***	You pay \$25 copay per visit	You pay 40%, after deductible***
Outpatient Therapeutic Treatments*	You pay 10% after deductible	You pay 30%, after deductible***	You pay 20% after deductible	You pay 40%, after deductible***
Vision	One refractive eye exam covered at 100% per plan year	Not Covered	One refractive eye exam covered at 100% per plan year	Not Covered
Emergency Services				
Ambulance	You pay 10% after deductible	You pay 10% after deductible	You pay 20% after deductible	You pay 20% after deductible
Emergency Services	You pay 10% after deductible		You pay \$125 copay per visit	
Urgent Care	You pay 10% after deductible	You pay 30%, after deductible***	You pay \$35 copay per visit	You pay 40%, after deductible***
Pharmacy				
Outpatient drugs - 31 day supply	You pay 10% after deductible	You pay 30%, after deductible***	You pay \$10 / \$30 / \$50	You pay \$10 / \$30 / \$50***
Mail Order - 90 day supply	You pay 10% after deductible	N/A	You pay \$20 / \$60 / \$100	N/A

*See Benefit Summary for plan year visit limits.

**Received on an outpatient basis at a Hospital or Alternate Facility (i.e. Urgent Care) or in a Physician's office.

*** You are responsible for paying any difference between the provider's billed charge and the amount we will pay for Eligible Expenses when services are received out-of-network.