

2015-16 Medical Plan Comparison Chart

Benefit Provision		Cigna HMO	UnitedHealthcare PPO		UnitedHealthcare HDHP with H.S.A.	
		In-Network Coverage Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Deductible (These work differently for HMO, PPO and HDHP Plans. Refer to the Benefits website for more information.)	Individual	\$350 Facility Deductible	\$350 Annual Deductible	\$700 (one way accumulation)	\$1,500 (cross accumulation)	\$3,000 (cross accumulation)
	Family	\$700 Facility Deductible	\$700 Annual Deductible	\$1,400 (one way accumulation)	\$3,000 (cross accumulation)	\$6,000 (cross accumulation)
Standard Percent of Coinsurance		N/A	10%	50%	10%	50%
Out-of-Pocket Maximum (Refer to the Benefits website for more information)	Individual	\$1,600****	\$3,000****	\$6,000	\$3,000 (cross accumulation)	\$6,000 (cross accumulation)
	Family	\$3,200****	\$6,000	\$12,000	\$6,000 (cross accumulation)	\$12,000 (cross accumulation)
Preventive Care		\$0 (FREE)	\$0 (FREE)	Covered In-Network only	\$0 (FREE) no deductible	Covered In-Network only
Primary Care Physician		\$30	\$40	50% after deductible	10% after deductible	50% after deductible
Convenience Care Clinic Visit		\$20	\$30	50% after deductible	10% after deductible	50% after deductible
Specialty Care Physician - CCN/Non-CCN / Tier 1 / Non-Tier 1		\$45* / \$70**	\$55* / \$70**	50% after deductible	10% after deductible	50% after deductible
Advanced Radiological Imaging: CAT, PET, MRI, MRA Scans and nuclear cardiac studies		\$100/type of scan/day***	\$100/type of scan/day*** plus 10% coinsurance	50% after deductible ***	10% after deductible	50% after deductible
Allergy Injections - CCN/Non-CCN / Tier 1 / Non-Tier 1		\$13* / \$28**	\$18* / \$33**	50% after deductible	10% after deductible	50% after deductible
Independent Lab and X-Ray Facility		\$0	\$0	50% after deductible	10% after deductible; no deductible if preventive	50% after deductible
Inpatient Hospital Facility Services (including delivery)		\$250 after deductible	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Inpatient and Outpatient Professional Services (Surgeon, Anesthesiologist)		\$0	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Outpatient Hospital Facility Services		\$125 after deductible	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Pre- & Post-Natal Exams (after pregnancy has been confirmed)		\$30/\$45*/\$70**, waived after 1st visit	\$40/\$55*/\$70** to confirm pregnancy; 10% all other related services	50% after deductible	10% after deductible	50% after deductible
Urgent Care		\$75, waived if admitted to hospital	\$75, waived if admitted to hospital	\$75, waived if admitted to hospital	10% after deductible	10% after deductible
Emergency Room		\$200, waived if admitted to hospital	\$200, waived if admitted to hospital	\$200, waived if admitted to hospital	10% after deductible	10% after deductible
Ambulance		\$0	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Durable Medical Equipment/Medical Supplies No annual limit (copay/coinsurance applies to each item)		\$75 DME; \$0 consumable supplies	10% after deductible	50% after deductible	10% after deductible	50% after deductible
External Prosthetics		\$0	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Chiropractic Services; limited to 24 visits/days per year (combined In and Out-of-Network for UnitedHealthcare PPO and UnitedHealthcare HDHP with H.S.A.)		\$30	\$40	50% after deductible	10% after deductible	50% after deductible
Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy; limited to 60 visits/days per year (combined In and Out-of-Network for UnitedHealthcare PPO and UnitedHealthcare HDHP with H.S.A.)		\$45	\$55	50% after deductible	10% after deductible	50% after deductible
Cardiac Rehab; limited to 36 visits/days per year (combined In and Out-of-Network for UnitedHealthcare PPO and UnitedHealthcare HDHP with H.S.A.)		\$45	\$55	50% after deductible	10% after deductible	50% after deductible
Bariatric Surgery (1 year waiting period from initial employment)		\$1,000 copay after deductible; in addition to Inpatient Hospital Facility Services	\$1,000 copay after deductible; in addition to Inpatient Hospital Facility Services	Covered In-Network only	10% after deductible	Covered In-Network only

For more detail, review the plan summaries on the Benefits Home Page under the Open Enrollment tab, or under the Medical Section tab at www.maricopa.gov/benefits.

*You pay lower copays when you use a specialist with the Cigna Care Network (CCN) or the UnitedHealthcare Premium Tier 1 designation.

**You pay higher copays when you use a specialist without the CCN or UHC Tier 1 designation. Not all specialties are included. When the specialty is not included in the CCN or UHC Tier 1, the higher Non-CCN or Non-UHC Tier 1 copay applies.

***Does not apply to inpatient facility services. Subject to applicable place of service coinsurance and plan deductible. Associated ancillary charges are subject to the the applicable place of service coinsurance and deductible.

**** Out-of-Pocket Maximum **INCLUDES** Out-of-Pocket expenses (copays and coinsurance) for In-Network Mental Health and Substance Abuse covered services. It **EXCLUDES** Out-of-Pocket prescription costs.