

## NAU BCBSAZ Preferred Provider Organization (PPO)

In a PPO, you receive the highest benefit when you use providers included in the plan's 'Preferred' network (In-Network). You may use providers not in the plan's 'Preferred' network (Out-of-Network), but your out of pocket expenses will be greater. For out of network services, members are responsible for any balance billing amounts.

		In-Network	Out-of-Network <sup>2</sup>	
<i>Deductible</i>	Individual	\$250	\$550	
	Family	\$500	\$1,100	
<i>Out of Pocket Maximum</i>	Individual	\$1,000	\$11,250	
	Family	\$2,000	\$22,500	
<i>Life Time Maximum</i>		None	None	
<b>Your Cost for Care</b>				
<i>Coinsurance</i>		10% <sup>1</sup>	50% <sup>1</sup>	
<i>Office Visits</i>	Preventive Care	\$0 per visit	50% <sup>1</sup>	
	Campus Health Service	\$0 per visit		
	Mental Health	\$0 per visit		
	Primary Care	\$25 per visit <sup>1</sup>		
	Specialist	\$40 per visit <sup>1</sup>		
<i>Radiology (CAT,MRI,PET)</i>		\$50 <sup>1</sup>	50% <sup>1</sup>	
<i>Emergency</i>	Urgent Care	\$50 per visit <sup>1</sup>	50% per visit <sup>1</sup>	
	Emergency Room			
	Visit 1	\$250 per visit <sup>1</sup>	\$250 per visit <sup>1</sup>	
	Visit 2	\$350 per visit <sup>1</sup>	\$350 per visit <sup>1</sup>	
	Visit 3+	\$450 per visit <sup>1</sup>	\$450 per visit <sup>1</sup>	
<i>Facility</i>	Inpatient	\$250 per admission <sup>1</sup>	50%	
	Out Patient	\$100 per procedure <sup>1</sup>		
<i>Prescriptions</i>		<u>Level</u>	<u>Level</u>	
		1 - \$10	1 - \$10	
		2 - \$25	2 - \$25	
	Retail	3 - \$45	3 - \$45	
	Up to a 90-day supply	4 - \$85	4 - \$85	
		<i>One copay for each 30-day supply</i>	<i>Copay + balance billing Only 30-day supply</i>	
	<u>Level</u>	<u>Level</u>		
Mail Order Up to a 90-day supply	1 - \$10 (1 copay)	1 - \$10 (1 copay)		
	2 - \$25 (1 copay)	2 - \$25 (1 copay)		
	3 - \$135 (3 copays)	3 - \$135 (3 copays)		
	4 - \$255 (3 copays)	4 - \$255 (3 copays)		
<b>2020 Per Pay Period Premiums</b>				
		<b>You Pay</b>	<b>NAU Pays</b>	<b>Total</b>
	Employee Only	\$44.32	\$310.23	\$354.55
	Employee + Adult	\$120.62	\$623.93	\$744.55
	Employee + Child	\$86.16	\$445.66	\$531.82
	Family	\$179.01	\$778.26	\$957.27

<sup>1</sup> Members must first meet all deductibles. The family deductible is tracked as a whole - not individually

<sup>2</sup> Member are also responsible for all for any balance billing amounts for out of network services.