

State of Arizona Exclusive Provider Organization (EPO)

To receive any benefit under an EPO, you need to use providers included in the plan's 'Exclusive' network (In-Network). Services received from providers not in the plan's 'Exclusive' network (Out-of-Network) are not covered. You can select one of the following networks: [Aetna](#), [BCBSAZ](#), [CIGNA](#) or [United Health Care](#).

		In-Network Providers Only		
<i>Deductible</i>		Employee \$200 Employee + Adult \$400 Employee + Child \$400 Family \$400		
<i>Out of Pocket Maximum</i>		Employee \$7,350 Employee + Adult \$14,700 Employee + Child \$14,700 Family \$14,700		
<i>Life Time Maximum</i>		None		
		Your Cost for Care		
<i>Coinsurance</i>		None		
<i>Routine Preventive Services</i>		\$0		
<i>Office Visits</i>	Preventive Care	\$0 per visit ¹		
	Primary Care	\$20 per visit ¹		
	Specialist	\$40 per visit ¹		
	Mental Health	\$40 per visit ¹		
<i>Radiology (CAT,MRI,PET)</i>		\$100 copay ¹		
<i>Emergency</i>	Urgent Care	\$75 per visit ¹		
	Emergency Room	\$200 per visit ¹		
<i>Facility</i>	Inpatient	\$100 per admit ¹		
	Out Patient	\$250 per surgery ¹		
<i>Prescriptions</i>	Retail (30 days)	Generic \$15 Preferred \$40 Non-Preferred \$60		
	Mail Order (90 days)	Generic \$20 (2 copays) Preferred \$40 (2 copays) Non-Preferred \$80 (2 copays)		
		2020 Per Pay Period Premiums		
		<i>You Pay</i>	<i>NAU Pays</i>	<i>Total</i>
	Employee Only	\$20.92	268.90	289.92
	Employee + Adult	\$62.23	552.47	614.70
	Employee + Child	\$52.82	358.86	411.68
	Family	\$115.57	605.27	720.84

Important: Chiropractors and Therapists (Occupational, Physical, Respiratory and Speech) will be considered specialist and the copay will be \$40 per visit.