

State of Arizona 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. You can select one of the following networks: [Aetna](#), [BCBSAZ](#) or [United Health Care](#).

		In-Network	Out-of-Network ²
<i>Deductible</i>		Employee \$1,000 Employee + Adult \$2,000 Employee + Child \$2,000 Family \$2,000	Employee \$2,000 Employee + Adult \$4,000 Employee + Child \$4,000 Family \$4,000
<i>Out of Pocket Maximum</i>		Employee \$1,500 Employee + Adult \$3,000 Employee + Child \$3,000 Family \$3,000	Employee \$7,000 Employee + Adult \$14,000 Employee + Child \$14,000 Family \$14,000
<i>Life Time Maximum</i>		None	None
Your Cost for Care			
<i>Coinsurance</i>		None	50% ¹
<i>Routine Preventive Services</i>		\$0	50% ¹
<i>Office Visits</i>	Primary Care	\$20 per visit ¹	50% ¹
	Specialist	\$40 per visit ¹	50% ¹
	Mental Health	\$20 per visit ¹	50% ¹
<i>Radiology (CAT,MRI,PET)</i>		\$100 copay ¹	50% ¹
<i>Emergency</i>	Urgent Care	\$75 per visit ¹	\$75 per visit ¹
	Emergency Room	\$200 per visit ¹	\$200 per visit ¹
<i>Facility</i>	Out Patient	\$100 per surgery ¹	50% ¹
	Inpatient	\$250 per admit ¹	
<i>Prescriptions</i>	Retail (30 days)	Generic \$15 Preferred \$40 Non-Preferred \$60	Not Covered
	Mail Order (90 days)	Generic \$30 (2 copays) Preferred \$80 (2 copays) Non-Preferred \$120 (2 copays)	Not Covered
2020 Per Pay Period Premiums			
		You Pay	NAU Pays
		Total	
	Employee Only	\$53.34	273.30
	Employee + Adult	\$112.43	577.89
	Employee + Child	\$75.30	386.73
	Family	\$131.25	674.20
			805.45

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

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

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