

Medical Plan Comparison Chart (Includes Pharmacy and Behavioral Health Benefits) January 1 – December 31, 2024

Benefit Provision Each Plan works differently. See the Benefits website for more information.		Cigna / UnitedHealthcare High Deductible Health Plan		Cigna Network	UnitedHealthcare PPO	
		<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network Coverage Only</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Plan Deductible	Individual	\$1,600	\$3,200	\$350 Facility Deductible	\$750 Annual Deductible	\$1,500
	Family	\$3,200	\$6,400	\$700 Facility Deductible	\$1,500 Annual Deductible	\$3,000
Standard Percent of Coinsurance		15%	50%	N/A	15%	50%
Out-of-Pocket Maximum (OOP Max) - Medical/Behavioral Health	Individual	\$3,275	\$6,550	\$1,600	\$3,500	\$7,000
	Family	\$6,550	\$13,100	\$3,200	\$7,000	\$14,000
Out-of-Pocket Maximum (OOP Max) - Pharmacy Benefit	Individual	Included in Medical OOP Max	Included in Medical OOP Max	\$1,500	\$1,500	Covered In-Network only
	Family			\$3,000	\$3,000	
Allergy Injections		15% after deductible	50% after deductible	\$30	\$40	50% after deductible
Ambulance		15% after deductible	15% after deductible	\$0	15% after deductible	15% after deductible
Behavioral Health Inpatient Services; Limited to 30 days / year		15% after deductible	50% after deductible	\$250 after deductible	15% after deductible	50% after deductible
Behavioral Health Outpatient Services		15% after deductible	50% after deductible	\$25	\$25	50% after deductible
Chiropractic Services; Limited to 24 visits/days per year		15% after deductible	Covered In-Network only	\$30	\$45	Covered In-Network only
Convenience Care Clinic Visit		15% after deductible	50% after deductible	\$10	\$20	50% after deductible
Durable Medical Equipment/Medical Supplies; No annual limit		15% after deductible	50% after deductible	\$0	15% after deductible per item per month	50% after deductible
Emergency Room		15% after deductible	15% after deductible	\$200 waived if admitted to hospital	\$250 waived if admitted to hospital	\$250 waived if admitted to hospital
Inpatient Hospital Facility		15% after deductible	50% after deductible	\$250 after deductible	15% after deductible	50% after deductible
Outpatient Advanced Radiology; CAT, PET, MRI, MRA Scans and Nuclear Cardiac Studies		15% / 25% after deductible ⁴	50% after deductible	\$0 after deductible ³	15% / 25% after deductible ⁴	50% after deductible
Outpatient Lab and X-Ray Facility		15% / 25% after deductible ⁴	50% after deductible	\$0	15% / 25% after deductible ⁴	50% after deductible
Outpatient Surgery		15% / 25% after deductible ⁴	50% after deductible	\$150 after deductible	15% / 25% after deductible ⁴	50% after deductible
Pharmacy Benefit-Maximum Retail 30 days; See the plan summaries for additional cost information on the Retail/Home Delivery 90-day fill option.	Tier 1	30% after deductible	Covered In-Network only	25%; \$18 Maximum	25%; \$18 Maximum	Covered In-Network only
	Tier 2	40% after deductible	Covered In-Network only	25%; \$80 Maximum	25%; \$80 Maximum	Covered In-Network only
	Tier 3	50% after deductible	Covered In-Network only	50%; \$200 Maximum	50%; \$200 Maximum	Covered In-Network only
Physical Therapy; Limited to 60 In- & Out-of-Network visits/days per year combined ⁵		15% after deductible	50% after deductible	\$30	\$40	50% after deductible
Preventive Care		\$0 (FREE) no deductible	Covered In-Network only	\$0 (FREE)	\$0 (FREE)	Covered In-Network only
Primary Care Physician (PCP)		15% after deductible	50% after deductible	\$30	\$25 ¹ / \$45 ²	50% after deductible
Specialty Care Physician; CCD/Non-CCD & Tier 1 / Non-Tier 1		15% after deductible	50% after deductible	\$45 ¹ / \$70 ²	\$55 ¹ / \$70 ²	50% after deductible
Urgent Care		15% after deductible	15% after deductible	\$75 waived if admitted to hospital	\$75	50% after deductible

For more detail, review the plan summaries on the Benefits Home Page at www.maricopa.gov/benefits. In the event of a discrepancy between the information in this chart and the official plan documents and contracts, the official plan document and contracts govern.

1. You pay lower copays when you use a provider with the Cigna Care Designation (CCD). You pay lower copays when you use a Primary Care Physician or Specialist with the UnitedHealthcare Premium Tier 1 Designation.
2. You pay higher copays when you use a provider without the CCD or UHC Tier 1 Designation. Not all specialties are included. When the provider is not included in the CCD or UHC Tier 1, the higher Non-CCD or Non-UHC Tier 1 copay applies.
3. Does not apply to inpatient facility services. Subject to applicable place of service coinsurance and plan deductible.
4. UnitedHealthcare HDHP and PPO Co-Insurance is 25% if in a hospital-based facility for outpatient services; 15% Co-Insurance applies to freestanding office or facility.
5. With continued proof of medical necessity. Not for maintenance or preventative. See Summary Plan Document for more information.

