

**Medical Plan Comparison Chart (Medical includes Pharmacy and Behavioral Health Benefits) January 1- December 31, 2023**  
**Deductibles, Out-of-Pocket Maximums, Visits Limits, will reset January 1, 2023**

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