

Medical Plan Comparison Chart (Medical includes Pharmacy and Behavioral Health Benefits) July 1 - December 31, 2022
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 ⁵		Cigna HMO	UnitedHealthcare PPO	
		Employer Contribution to HSA - \$500 Individual / \$1,000 Family ¹		In-Network Coverage Only	In-Network	Out-of-Network
		In-Network	Out-of-Network			
Plan Deductible	Individual	\$1,500	\$3,000	\$350 Facility Deductible	\$750 Annual Deductible	\$1,500
	Family	\$3,000	\$6,000	\$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	N/A
	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	\$25 per day	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	\$40	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 ⁵	50% after deductible	\$0 after deductible ⁴	15% / 25% after deductible ⁵	50% after deductible
Outpatient Lab and X-Ray Facility		15% / 25% after deductible ⁵	50% after deductible	\$0	15% / 25% after deductible ⁵	50% after deductible
Outpatient Surgery		15% / 25% after deductible ⁵	50% after deductible	\$150 after deductible	15% / 25% after deductible ⁵	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		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 ² / \$45 ³	50% after deductible
Specialty Care Physician - CCD/Non-CCD & Tier 1 / Non-Tier 1		15% after deductible	50% after deductible	\$45 ² / \$70 ³	\$55 ² / \$70 ³	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. County contribution to the HSA is prorated based on benefit eligibility start date and calculated according to the pay periods remaining in the plan year.

2. 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.

3. 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.

4. Does not apply to inpatient facility services. Subject to applicable place of service coinsurance and plan deductible.

5. 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.