

Medical PPO Copay Plan

PLAN	DEDUCTIBLE	OUT-OF-POCKET MAX
PPO Copay Plan – BCBS	\$500 Individual \$1,000 Family	\$4,000 Individual \$8,000 Family
BENEFITS	BCBS In Network	BCBS Out-of-Network
Preventive Care including: Well Child Care Annual Physical Exams (Adults) Well Woman/Man (includes lab, x-ray) Routine Child immunizations to 18 Mammogram & Colonoscopy	100%, no deductible	NOT COVERED
Physician Office Visit for Adult/Child Sick Care	\$ 20 copay	60% covered after deductible
Specialty Office Visit	\$ 40 copay	60% covered after deductible
Maternity Benefits Physician	\$20 PCP/\$40 Specialist office visit copayment applies only to first prenatal visit. Calendar year deductible and coinsurance are waived on physician's global delivery fee.	Physician and Hospital: 60% covered after deductible
Hospital	80% covered after deductible	
Inpatient Hospital Services	80% covered after deductible	60% covered after deductible
Outpatient Facility Services	80% covered after deductible	60% covered after deductible
Mammogram & Colonoscopy (Diagnostic)	100%, no deductible	60% covered after deductible
Lab	100%, no deductible	60% covered after deductible
Radiology	80% covered after deductible	60% covered after deductible
Emergency Room	\$100 access fee	60% covered after deductible
Urgent Care	\$ 35 copay	60% covered after deductible
Physical, Speech, Occupational Therapy	80% covered after deductible	60% covered after deductible
Hearing Exam and Hearing Aid	50% covered after deductible Combined Benefit Maximum of \$2,500 (every 2 years)	
Skilled Nursing Facility 180 day maximum	80% covered after deductible for 90 days, 50% for next 90 days	60% covered after deductible for 90 days, 50% for next 90 days
Hospice	No Charge	No Charge
Prescriptions Level 1 Level 2 Level 3 Level 4	\$10 – 30 day supply \$25 – 30 day supply \$45 – 30 day supply \$85 – 30 day supply	In-Network Copay + the cost difference between the pharmacy charge and BCBSAZ allowed amount
Mail Order Prescriptions Level 1 Level 2 Level 3 Level 4	\$20 – 90 day supply \$50 – 90 day supply \$90 – 90 day supply \$170 – 90 day supply	NOT COVERED
Lifetime Maximum	\$3,000,000	