

# Medical Plan Premiums

The chart below is a comparison in-Network and out-of-Network services.

For carrier information, visit BlueCrossBlueShield of Arizona at [azblue.com/stateofaz](http://azblue.com/stateofaz) and UnitedHealthcare at [whyuhc.com/stateofaz](http://whyuhc.com/stateofaz).

## MEDICAL PREMIUMS PER PAY PERIOD<sup>1</sup>

	Triple Choice Plan (TCP)		High Deductible Health Plan + HSA (HDHP)		
	Employee	State	Employee	State	Agency HSA Contribution
Employee Only	\$26.17	\$279.46	\$10.15	\$181.87	\$27.69
Employee + Spouse	\$71.49	\$576.74	\$30.46	\$376.95	\$55.38
Employee + 1 Child	\$57.30	\$376.83	\$25.89	\$246.41	\$55.38
Family	\$121.61	\$638.55	\$56.35	\$419.97	\$55.38

Carriers



BlueCross  
BlueShield  
of Arizona



United  
Healthcare

Coverage		Triple Choice Plan			High Deductible Health Plan	
		Tier 1 In-Network	Tier 2 In-Network	Tier 3 Out-of-Network	In-Network	Out-of-Network
Deductible	EE Only	\$200	\$1,000	\$5,000	\$1,500	\$5,000
	EE + Spouse	\$400	\$2,000	\$10,000	\$3,000	\$10,000
	EE + 1 Child					
	Family					
Out-of-Pocket Maximum <sup>3,4</sup>	EE Only	\$7,350 - Tier 1 & Tier 2 Combined		\$8,700	\$3,500	\$8,700
	EE + Spouse	\$14,700 - Tier 1 & Tier 2 Combined		\$17,400	\$7,000	\$17,400
	EE + 1 Child					
	Family					
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Routine Preventive Services		\$0	\$0	50%	\$0	50%

## Copayment / Coinsurance<sup>2,3</sup> After Applicable Deductibles Are Met

### Office Visits (including Mental & Behavioral Health)

Primary Care Physician (PCP)	\$20	\$20	50%	10%	50%
Specialist <sup>4</sup>	\$40	\$40	50%	10%	50%
OB/GYN	\$20	\$20	50%	10%	50%
Telemedicine Services	\$20	\$20	50%	10%	50%
Durable Medical Equipment	\$0	\$0	50%	10%	50%

### Emergency Services<sup>5</sup>

Ambulance	\$0	\$0	\$0	10%	50%
Emergency Room	\$200 <sup>6</sup>	\$200	\$200	10%	10%
Urgent Care	\$75	\$75	50%	10%	50%
Inpatient Hospital Admission	\$250	\$250	50%	10%	50%
Outpatient Facility	\$100	\$100	50%	10%	50%
Laboratory and X-Ray Services <sup>6</sup>	\$0	\$0	50%	10%	50%
Major Radiology Services <sup>7</sup>	\$100	\$100	50%	10%	50%

<sup>1</sup> For the NAU-only BCBS PPO Plan information, visit [nau.edu/human-resources/benefits/benefit-plan-document/](http://nau.edu/human-resources/benefits/benefit-plan-document/)

<sup>2</sup> Copayments apply after the Plan deductible is met. Copayments and deductibles apply to the Out-of-Pocket Maximum.

<sup>3</sup> The Plan pays 100% after the out-of-pocket maximum is met.

<sup>4</sup> Includes Chiropractor and Therapy services. All Mayo Clinic Primary Care Physicians (PCP) are contracted with BlueCross BlueShield (BCBS) as specialists in Tier 2.

Thus, all primary care services administered by Mayo PCPs under the BCBS plan are subject to the \$40 specialist copayment.

<sup>5</sup> Emergency Room copayment waived if admitted, but subject to hospital admission copayment.

<sup>6</sup> See summary plan document for more information on covered services.

<sup>7</sup> Includes CAT scans, MRI/MRA, PET scans, etc. See summary plan document for more information.