

Protect Your Health & Your Wallet

Choose the Right Care for Your Needs

	 Nurseline	 Telemedicine	 Walk-In Clinic	 Doctor's Office	 Urgent Care	 Emergency Room
CONDITIONS TREATED & SERVICES AVAILABLE	<ul style="list-style-type: none"> ● Headache ● Urinary Tract Infection ● Cold/Flu/Fever ● Acne ● Allergies ● Rash ● Sore Throat ● Stomach Ache ● Questions ● Treatment Referrals <p><i>Note: Find the Nurseline number on the back of your insurance card.</i></p>	<ul style="list-style-type: none"> ● Headache ● Urinary Tract Infection ● Cold/Flu/Fever ● Sore Throat ● Vomiting & Diarrhea ● Rash ● Screenings ● Prescriptions ● Doctor on Demand App ● Medical Carrier App 	<ul style="list-style-type: none"> ● Cold/Flu/Fever ● Sore Throat ● Sinus ● Earache ● Minor Cut/Burn/Rash ● Immunizations ● Prescriptions ● Drug Store Locations <p><i>Resource for State Employees</i> Premise Health Care Center 301 W Jefferson St - 2nd Fl 480-347-4791 M-F 8 am-4 pm</p>	<ul style="list-style-type: none"> ● Preventive Care ● Routine Check-up ● Annual Physical ● Medication Tracking ● Immunizations ● Screenings ● General Health Issues ● Referrals 	<ul style="list-style-type: none"> ● Headache ● Urinary Tract Infection ● Cold/Flu/Fever ● Minor Cut/Burn/Rash/Bite ● Lower Back Pain ● Joint Pain ● Sprain ● X-Rays (varies) 	<ul style="list-style-type: none"> ● Chest Pain ● Head Injury ● Short of Breath ● Suddenly Numb/Weak ● Uncontrolled Bleeding ● Severe Cut/Burn/Bite ● Overdose ● Broken Bone ● Seizure/Unconscious ● Vision Blurred
HOURS	24 Hours via Phone	24 Hours via Smart Device	Retail Hours	Office Hours	8 am - 9 pm Typically	24 Hours
WAIT TIME	2-3 Minutes Avg	5-10 Minutes Avg	15 Minutes Avg	By Appointment	20 Minutes Avg	2-4 Hours Avg
LOCATION	Your Home or Office	Your Home or Office	Drive to Location	Drive to Office	Drive to Facility	Drive to Facility
COST	\$0	EPO/PPO \$49 fee* \$20 copay** HDHP \$49* fee 10% co-ins**	EPO/PPO \$75 avg* \$20 copay** HDHP \$75 avg* 10% co-ins**	EPO/PPO \$150 avg* \$20 copay** HDHP \$150 avg* 10% co-ins**	EPO/PPO \$150 avg* \$75 copay** HDHP \$150 avg* 10% co-ins**	EPO/PPO \$1,600 avg* \$200 copay** HDHP \$1,600 avg* 10% co-ins**

*Before deductible met. **After deductible met, copay/coinsurance applies.

Note: This information is for guidance only. If you are experiencing an emergency, call 911.

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