

Mesa Choice Health Plan Highlights 2012

	CHOICE PPO PLAN 80/20		CHOICE PLUS PPO PLAN 90/10		BASIC CHOICE PLAN 50/50		COPAY CHOICE	
Medical Services	In-Network PPO & Par Providers	Out-of- Network*	In-Network PPO & Par Providers	Out-of- Network*	In-Network PPO Providers Only	Out-of – Network*	In- Network PPO Providers Only	Out-of- Network*
Deductible per calendar year	\$300 per person; \$900 per family	\$1000 per person; \$3000 per family	\$200 per person; \$600 per family	\$1000 per person; \$3000 per family	\$550 per person; \$1650 per family	\$1000 per person; \$3000 per family	None	\$1000 per person; \$3000 per family
Hospital Services	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	After deductible, 50%	After deductible, 25%	\$100 copay OP; \$200 copay IP	After deductible, 60%
Physician & Health Care Practitioner Services	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	\$20 copay for sick OV, all other 50% after deductible	After deductible, 25%	\$20 copay	After deductible, 60%
Chiropractic visits – 25/calendar year	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	After deductible, 50%	After deductible, 25%	\$20 copay	After deductible, 60%
Rehabilitation Services	Rehabilitation Services include physical therapy, occupational therapy, and speech therapy as defined in and covered under the plan							
	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	After deductible, 50%	After deductible, 25%	\$20 copay	After deductible, 60%
X-Ray, Diagnostic	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	After deductible, 50%	After deductible, 25%	No deductible, 100%	After deductible, 60%
Emergency Room	After deductible, 80%	After deductible, 80%	After deductible, 90%	After deductible, 90%	After deductible, 50%	After deductible, 50%	\$100 copay, (\$200 copay if admitted)	\$100 copay, (\$200 copay if admitted)
Urgent Care Facility	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	After deductible, 50%	After deductible, 25%	\$50 copay	After deductible, 60%
Durable Medical Equipment (DME)	Includes durable medical equipment rentals and purchases as defined in and covered under the plan							
	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	After deductible, 50%	After deductible, 25%	\$20 copay	After deductible, 60%
Preventive Care and Immunizations	In network preventive immunizations and other services as required by federal guidelines are payable at 100%, no deductible, copay, coinsurance, or maximum. See plan document for details.							
	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered
Behavioral/ Mental Health Office Visits	After deductible, 80%	After deductible, 60%	After deductible, 90%	After deductible, 70%	After deductible, 50%	After deductible, 25%	\$20 copay	After deductible, 60%
Alternative Health Care (Acupuncturists, Naturopaths, Homeopaths) office visits	After deductible, 80% up to \$1,000/year	After deductible, 60% up to \$1,000/year	After deductible, 90% with no annual max	After deductible, 70% with no annual max	Not Covered	Not Covered	Not Covered	Not Covered
Out of Pocket Maximum	\$2,000 per person	None	\$1,000 per person	None	\$5,000 per person	None	None	None

This chart is a **summary** of how eligible services will be covered. For a complete list of services and more detailed information, please refer to the City of Mesa Health Plan Document available at www.mesaaz.gov/benefits or from Employee Benefits.

*Allowable costs will be applied to out-of-network services in addition to the deductibles and co-insurance specified.