



## CITY OF MESA MEDICAL BENEFIT PLAN HIGHLIGHTS

2026	BASIC PLAN		CHOICE PLAN		COPAY PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	OUT-OF-NETWORK	IN-NETWORK
<b>Annual Deductible</b> <b>Single</b> <b>Family</b>	\$550 \$1650	\$1500 \$4500	\$300 \$900	\$1500 \$4500	\$0 \$0	\$1500 \$4500
<b>Coinsurance</b> <b>(Plan Pays)</b>	50% After Deductible	75% + Balance Billing After Deductible	80% After Deductible	50% + Balance Billing After Deductible	N/A, You Pay Copays Depending On The Service	50% + Balance Billing After Deductible
<b>Out-Of-Pocket Max.</b> <b>Single</b> <b>Family</b>	\$4500 \$9000	No Maximum	\$3000 \$6000	No Maximum	\$4600 \$9200	No Maximum
<b>Preventive Care</b> <b>(Plan Pays)</b>	100%	Not Covered	100%	Not Covered	100%	Not Covered
<b>Physician/Specialist</b> <b>Office Visit</b> <b>(You Pay)</b>	\$20/\$30 Copay	75% + Balance Billing After Deductible	20%/20% After Deductible	50% + Balance Billing After Deductible	\$25/\$50 Copay Allergy Shot \$15	50% + Balance Billing After Deductible
<b>Chiropractic or</b> <b>Rehabilitation Therapy</b> <b>(You Pay)</b>	50% After Deductible	75% + Balance Billing After Deductible	20% After Deductible	50% + Balance Billing After Deductible	\$30 Copay	50% + Balance Billing After Deductible
<b>Urgent Care</b> <b>(You Pay)</b>	50% After Deductible	75% + Balance Billing After Deductible	20% After Deductible	50% + Balance Billing After Deductible	\$60 Copay	50% + Balance Billing After Deductible
<b>Inpatient/Outpatient</b> <b>Services</b> <b>(You Pay)</b>	50% After Deductible	75% + Balance Billing After Deductible	20% After Deductible	50% + Balance Billing After Deductible	\$400 Copay	50% + Balance Billing After Deductible
<b>Outpatient Hospital</b> <b>Services</b> <b>(You Pay)</b>	50% After Deductible	75% + Balance Billing After Deductible	20% After Deductible	50% + Balance Billing After Deductible	\$400 Copay	50% + Balance Billing After Deductible
<b>ER Visit</b> <b>(You Pay)</b>	50% After Deductible	Same as In-Network	20% After Network	Same as In-Network	\$200 Copay	Same as In-Network
<b>Behavioral Health</b> <b>Outpatient Visits</b> <b>(You Pay)</b>	100%	25% + Balance Billing After Deductible	100%	50% + Balance Billing After Deductible	100%	50% + Balance Billing After Deductible