



EVERNORTH Care Group™

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
Annual Deductible Single Family	\$550 \$1650	\$1500 \$4500	\$300 \$900	\$1500 \$4500	\$0 \$0	\$1500 \$4500
Coinsurance (Plan Pays)	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
Out-Of-Pocket Max. Single Family	\$4500 \$9000	No Maximum	\$3000 \$6000	No Maximum	\$4600 \$9200	No Maximum
Preventive Care (Plan Pays)	100%	Not Covered	100%	Not Covered	100%	Not Covered
Physician/Specialist Office Visit (You Pay)	\$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
Chiropractic or Rehabilitation Therapy (You Pay)	50% After Deductible	75% + Balance Billing After Deductible	20% After Deductible	50% + Balance Billing After Deductible	\$30 Copay	50% + Balance Billing After Deductible
Urgent Care (You Pay)	50% After Deductible	75% + Balance Billing After Deductible	20% After Deductible	50% + Balance Billing After Deductible	\$60 Copay	50% + Balance Billing After Deductible
Inpatient/Outpatient Services (You Pay)	50% After Deductible	75% + Balance Billing After Deductible	20% After Deductible	50% + Balance Billing After Deductible	\$400 Copay	50% + Balance Billing After Deductible
Outpatient Hospital Services (You Pay)	50% After Deductible	75% + Balance Billing After Deductible	20% After Deductible	50% + Balance Billing After Deductible	\$400 Copay	50% + Balance Billing After Deductible
ER Visit (You Pay)	50% After Deductible	Same as In-Network	20% After Network	Same as In-Network	\$200 Copay	Same as In-Network
Behavioral Health Outpatient Visits (You Pay)	100%	25% + Balance Billing After Deductible	100%	50% + Balance Billing After Deductible	100%	50% + Balance Billing After Deductible