



CITY OF MESA MEDICAL BENEFIT PLAN HIGHLIGHTS

2026	BASIC PLAN		CHOICE PLAN		COPAY PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible						
Single	\$550	\$1500	\$300	\$1500	\$0	\$1500
Family	\$1650	\$4500	\$900	\$4500	\$0	\$4500
Coinsurance (Plan Pays)	50% after deductible	25% + 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 Maximum						
Single	\$4500	No Maximum	\$3000	No Maximum	\$4200	No Maximum
Family	\$9000		\$6000		\$9200	
Preventive Care (Plan Pays)	100% no deductible applies	Not covered	100% no deductible applies	Not covered	100% no deductible applies	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 Copay	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 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
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 deductible	Same as In-Network	\$200 Copay	Same as In-Network
Behavioral Health Outpatient Visits (Plan Pays)	100% no deductible applies	25% + balance billing after deductible	100% no deductible applies	50% + balance billing after deductible	100% no deductible applies	50% + balance billing after deductible