

Plan highlights.

		EPO In-Network
Plan year deductibles	Individual Family	None None
Out-of-pocket maximum	Individual Family	None None
Annual maximum	Family	None
Employee Cost for Care		
Office visits	PCP Specialist Preventive OB/GYN	\$15 \$30 \$15 \$10
Outpatient services		\$50
Radiology		\$0
Mammography		\$0
Hospital admission		\$150
Maternity admission		\$0
Emergency	Ambulance ER Urgent care	\$0 \$125 \$40
Behavioral health	Inpatient Outpatient	\$150 \$15
Bariatric surgery		20%
Chiropractic		\$15
Durable medical equipment		\$0
Home health services	Visits per year	42

This is not a comprehensive list of all covered benefits. Please refer to your summary plan description available at www.benefitoptions.az.gov for more detailed information.

EPO plan uses CIGNA's Open Access Plus network.