



Significa 3-Tier PPO Plan Options Arizona

Individual (I) Family (F)

3-Tier PPO Plans		Deductible			Coinsurance			Coinsurance Maximum			Office Visit Cost	
		Preferred	Non-Preferred		Tier 1	Tier 2	Tier 3	Preferred	Non-Preferred		Preferred	Non-Preferred
POS 500	Option 1	\$500 \$1,000	\$1,000 \$2,000	I F	90%	80%	70%	\$2,000 \$4,000	\$4,000 \$8,000	I F	\$20 Physician \$40 Specialist	70%
	Option 2	\$500 \$1,000	\$1,000 \$2,000	I F	80%	70%	60%	\$2,000 \$4,000	\$4,000 \$8,000	I F	\$20 Physician \$40 Specialist	60%
POS 750	Option 1	\$750 \$1,500	\$1,500 \$3,000	I F	90%	80%	70%	\$2,000 \$4,000	\$4,000 \$8,000	I F	\$20 Physician \$40 Specialist	70%
	Option 2	\$750 \$1,500	\$1,500 \$3,000	I F	80%	70%	60%	\$2,000 \$4,000	\$4,000 \$8,000	I F	\$20 Physician \$40 Specialist	60%
POS 1000	Option 1	\$1,000 \$2,000	\$2,000 \$4,000	I F	100%	85%	70%	\$2,500 \$5,000	\$5,000 \$10,000	I F	\$20 Physician \$40 Specialist	70%
	Option 2	\$1,000 \$2,000	\$2,000 \$4,000	I F	90%	80%	70%	\$2,500 \$5,000	\$5,000 \$10,000	I F	\$20 Physician \$40 Specialist	70%
	Option 3	\$1,000 \$2,000	\$2,000 \$4,000	I F	80%	70%	60%	\$2,500 \$5,000	\$5,000 \$10,000	I F	\$20 Physician \$40 Specialist	60%
POS 1500	Option 1	\$1,500 \$3,000	\$3,000 \$6,000	I F	100%	85%	70%	\$3,000 \$6,000	\$6,000 \$12,000	I F	\$20 Physician \$40 Specialist	70%
	Option 2	\$1,500 \$3,000	\$3,000 \$6,000	I F	90%	80%	70%	\$3,000 \$6,000	\$6,000 \$12,000	I F	\$20 Physician \$40 Specialist	70%
	Option 3	\$1,500 \$3,000	\$3,000 \$6,000	I F	80%	70%	60%	\$3,000 \$6,000	\$6,000 \$12,000	I F	\$20 Physician \$40 Specialist	60%
POS 2000	Option 1	\$2,000 \$4,000	\$4,000 \$8,000	I F	100%	85%	70%	\$3,500 \$7,000	\$7,000 \$14,000	I F	\$20 Physician \$40 Specialist	70%
	Option 2	\$2,000 \$4,000	\$4,000 \$8,000	I F	90%	80%	70%	\$3,500 \$7,000	\$7,000 \$14,000	I F	\$20 Physician \$40 Specialist	70%
	Option 3	\$2,000 \$4,000	\$4,000 \$8,000	I F	80%	70%	60%	\$3,500 \$7,000	\$7,000 \$14,000	I F	\$20 Physician \$40 Specialist	60%
POS 2500	Option 1	\$2,500 \$5,000	\$5,000 \$10,000	I F	100%	85%	70%	\$4,000 \$8,000	\$8,000 \$16,000	I F	\$20 Physician \$40 Specialist	70%
	Option 2	\$2,500 \$5,000	\$5,000 \$10,000	I F	90%	80%	70%	\$4,000 \$8,000	\$8,000 \$16,000	I F	\$20 Physician \$40 Specialist	70%
	Option 3	\$2,500 \$5,000	\$5,000 \$10,000	I F	80%	70%	60%	\$4,000 \$8,000	\$8,000 \$16,000	I F	\$20 Physician \$40 Specialist	60%
POS 5000	Option 1	\$5,000 \$10,000	\$10,000 \$20,000	I F	100%	85%	70%	\$4,000 \$8,000	\$8,000 \$16,000	I F	\$20 Physician \$40 Specialist	70%
	Option 2	\$5,000 \$10,000	\$10,000 \$20,000	I F	90%	80%	70%	\$4,000 \$8,000	\$8,000 \$16,000	I F	\$20 Physician \$40 Specialist	70%
	Option 3	\$5,000 \$10,000	\$10,000 \$20,000	I F	80%	70%	60%	\$4,000 \$8,000	\$8,000 \$16,000	I F	\$20 Physician \$40 Specialist	60%

Benefits are limited to a \$5,000,000 lifetime maximum.

Prescription Drug Options

Three-Tier Copayment		Retail			Mail Order			
		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	
Tier 1: Generic	Option A	\$10	\$30	\$50	\$20	\$70	\$150	No drug coverage when obtained from Non-Preferred providers (out of network)
Tier 2: Preferred Formulary	Option B	\$10	\$40	\$80	\$20	\$100	\$180	
Tier 3: Non-Preferred	Option C	\$15	\$50	\$90	\$30	\$130	\$210	
	Option D	\$150 deductible with 50% coinsurance, retail and mail order						

Exclusions and limitations may apply. Refer to the Group Policy for a complete listing of covered services, exclusions and limitations.