



Significa PPO Options Arizona

Individual (I) Family (F)

PPO Plans		Deductible		Coinsurance		Coinsurance Maximum		Office Visit Cost	
		Preferred	Non-Preferred	Preferred	Non-Preferred	Preferred	Non-Preferred	Preferred	Non-Preferred
PPO 500	Option 1	\$500 \$1,000	\$1,000 I \$2,000 F	90%	70%	\$1,500 \$3,000	\$3,000 I \$6,000 F	\$20 Physician \$40 Specialist	70%
	Option 2	\$500 \$1,000	\$1,000 I \$2,000 F	80%	60%	\$2,000 \$4,000	\$4,000 I \$8,000 F	\$20 Physician \$40 Specialist	60%
PPO 750	Option 1	\$750 \$1,500	\$1,500 I \$3,000 F	90%	70%	\$1,500 \$3,000	\$3,000 I \$6,000 F	\$20 Physician \$40 Specialist	70%
	Option 2	\$750 \$1,500	\$1,500 I \$3,000 F	80%	60%	\$2,000 \$4,000	\$4,000 I \$8,000 F	\$20 Physician \$40 Specialist	60%
PPO 1000	Option 1	\$1,000 \$2,000	\$2,000 I \$4,000 F	90%	70%	\$2,000 \$4,000	\$4,000 I \$8,000 F	\$20 Physician \$40 Specialist	70%
	Option 2	\$1,000 \$2,000	\$2,000 I \$4,000 F	80%	60%	\$2,500 \$5,000	\$5,000 I \$10,000 F	\$20 Physician \$40 Specialist	60%
PPO 1500	Option 1	\$1,500 \$3,000	\$3,000 I \$6,000 F	100%	80%	\$0 \$0	\$3,000 I \$6,000 F	\$20 Physician \$40 Specialist	80%
	Option 2	\$1,500 \$3,000	\$3,000 I \$6,000 F	80%	60%	\$3,000 \$6,000	\$6,000 I \$12,000 F	\$20 Physician \$40 Specialist	60%
PPO 2000	Option 1	\$2,000 \$4,000	\$4,000 I \$8,000 F	100%	80%	\$0 \$0	\$3,500 I \$7,000 F	\$20 Physician \$40 Specialist	80%
	Option 2	\$2,000 \$4,000	\$4,000 I \$8,000 F	80%	60%	\$3,500 \$7,000	\$7,000 I \$14,000 F	\$20 Physician \$40 Specialist	60%
PPO 2500	Option 1	\$2,500 \$5,000	\$5,000 I \$10,000 F	100%	80%	\$0 \$0	\$4,000 I \$8,000 F	\$20 Physician \$40 Specialist	80%
	Option 2	\$2,500 \$5,000	\$5,000 I \$10,000 F	80%	60%	\$4,000 \$8,000	\$8,000 I \$16,000 F	\$20 Physician \$40 Specialist	60%
PPO 5000	Option 1	\$5,000 \$10,000	\$10,000 I \$20,000 F	100%	80%	\$0 \$0	\$4,000 I \$8,000 F	\$20 Physician \$40 Specialist	80%
	Option 2	\$5,000 \$10,000	\$10,000 I \$20,000 F	80%	60%	\$4,000 \$8,000	\$8,000 I \$16,000 F	\$20 Physician \$40 Specialist	60%

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

Preventive Care Services (Service limitations may apply)

Child Care (deductible waived)
Well child office visits
Pediatric immunizations
Routine vision exam
Routine hearing exam

Routine Physical Exam (deductible waived)
Routine Screenings (deductible waived up to \$500)
Includes lab testing and screenings, such as:
Colon screening (colonoscopy);
Osteoporosis screening;
Prostate screening; PSA testing

Women's Health (deductible waived)
Routine gynecological exam
Cervical cancer screening (Pap)
Mammography screening

Additional Covered Services

Ambulance
Chiropractic care
Durable medical equipment
Emergency care
Home health care

Home infusion therapy
Hospice
Inpatient hospital services
Lab tests / X-rays / Imaging

Maternity
Mental health
Medical / Accident
Outpatient surgery
Physical / Speech / Occupational therapy

Rehabilitation therapy
Respiratory therapy
Skilled nursing facility
Substance abuse

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.