



TOWN OF GILBERT MEDICAL PLAN OVERVIEW

Plan Year July 1, 2016 – June 30, 2017

Legacy Plan – Arizona EPO Network

	Single	Family
Total Premium	\$634.91/month	\$1802.65/month
Employee Contribution: FT EE's and Council	\$190.00/month \$95.00/2 x month	\$539.48/month \$269.74/2 x month
Employee Contribution: PT (Eligible)	\$301.23/month \$150.62/2 x month	\$855.27/month \$427.63/2 x month

Plan Type	Self Funded Exclusive Provider Organization (EPO) <i>Administered by Mayo Clinic Health Solutions</i> (www.mayoclinichealthsolutions.com)
Network	<i>Blue Cross Blue Shield of AZ</i> PPO Network & Arizona Mayo Clinic providers
Dependent Eligibility	Spouse; Dependent children to age 26
Maximum Out of Pocket (Plan Year)	\$2000 individual/\$4000 family
Deductible (Plan Year)	\$0
Coinsurance	N/A
Doctor Visit Co-Pay	\$20 Primary/\$35 Specialist/ \$10 for children under age 14 Primary
Urgent Care	\$50 copay
Emergency Room	\$150 copay (waived if admitted)
Prescription Drugs	<i>Optum Rx - Retail Pharmacy 34 day supply</i> \$10 copay (Preferred Generic), \$20 copay (Generic) \$50 (Brand) \$75 copay (Non- formulary) \$100 (Specialty)
Inpatient Hospital	\$300 copay per admission (non-emergency)
Preventative Care	100% No Co-pay
Outpatient Hospital	\$150 copay
Ambulance	No copay

Legacy Plan -National Network

	Single	Family
Total Premium	\$698.40/month	\$1,982.91/month
Employee Contribution: FT EE's and Council	\$253.49/month \$126.75/2 x month	\$719.74/month \$359.87/2 x month
Employee Contribution: PT (Eligible)	\$364.72/month \$182.36/2 x month	\$1035.53/month \$517.77/2 x month

A primary subscriber (employee/retiree) may elect the national network option during initial enrollment (new employee), open enrollment, or within 30 days of a qualifying event (see Summary Benefit Description). Subject to all of the provisions of the Summary Benefits Description, covered benefits apply when services are provided for any covered member by a Blue Cross Blue Shield of Arizona PPO Network provider or Mayo Clinic provider in Arizona. Outside of Arizona, members who elect the national network option may also obtain covered benefits through in-network providers contracted with **First Health Network**. Search for providers through www.mayoclinichealthsolutions.com or <http://firsthealth.coventryhealthcare.com/>.

The National Network Option is not a separate plan, it has the same benefits and coverages, with an expanded access to full plan benefits outside of Arizona through in-network providers within the **First Health Network**, with additional premium cost to the employee/member. Upon election, coverage is required to continue through the remainder of the Plan Year (July 1 – June 30).

In all cases, coverage through Out of network providers is limited to Emergency Room and Urgent Care, unless otherwise pre-authorized by the Plan. All benefits and/or limitations and exclusions are to apply equally to participants under either Plan option.

The above information is intended to be a brief overview of benefits only. Please refer to the Summary of Benefits and Coverages and Summary Benefit Description for more detail.



TOWN OF GILBERT MEDICAL PLAN OVERVIEW

Plan Year July 1, 2016 – June 30, 2017

Preferred Plan – Arizona EPO Network

	Single	Family
Total Premium	\$556.13/month	\$1578.96/month
Employee Contribution: FT EE's and Council	\$111.22/month \$ 55.61/ 2xmonth	\$ 315.79/month \$ 157.90/2 x month
Employee Contribution: PT (Eligible)	\$222.45/month \$111.23/2xmonth	\$ 631.58/month \$ 315.79/2 x month

Plan Type	Self Funded Exclusive Provider Organization (EPO) <i>Administered by Mayo Clinic Health Solutions</i> (www.mayoclinichealthsolutions.com)
Network	<i>Blue Cross Blue Shield of AZ PPO Network & Arizona Mayo Clinic providers</i>
Dependent Eligibility	Spouse; Dependent children to age 26
Maximum Out of Pocket (Plan Year)	\$2000 individual/\$4000 family
Deductible (Plan Year)	\$500 individual/\$1000 family
Coinsurance	80% Plan Paid/20% Member Paid
Doctor Visit Co-Pay	\$20 Primary/\$35 Specialist/ \$10 for children under age 14 Primary
Urgent Care	\$50 copay
Emergency Room	\$200 copay (Waived if Admitted)
Prescription Drugs	<i>Optum Rx - Retail Pharmacy 34 day supply</i> \$10 copay (Preferred Generic), \$20 copay (Generic) \$50 (Brand) \$75 copay (Non- formulary) \$100 (Specialty)
Inpatient Hospital	20% after Deductible
Outpatient Hospital	20% after Deductible
Preventative Care	100% No Co-pay
Ambulance	20% after Deductible

Preferred Plan -National Network

	Single	Family
Total Premium	\$611.74/month	\$1736.86/month
Employee Contribution: FT EE's and Council	\$166.83/month \$ 83.42/2 x month	\$ 473.69/month \$ 236.84/2 x month
Employee Contribution: PT (Eligible)	\$278.07/month \$139.03/2 x month	\$789.48/month \$394.74/2 x month

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