

MEDICAL BENEFITS

HonorHealth offers three medical plan options. The coinsurance amounts listed reflect the amount you pay. Refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Coordinated Care Plan		Standard Plan		Health Savings Account Plan (HDHP)	
	Innovation Care Partners Network/ HonorHealth	BlueCross BlueShield of Arizona	Innovation Care Partners Network/ HonorHealth	BlueCross BlueShield of Arizona	Innovation Care Partners Network/ HonorHealth	BlueCross BlueShield of Arizona
Plan Year Deductible Individual/Family	\$500/\$1,000		\$500/\$1,000		\$3,000/\$6,000	
Out-of-Pocket Max Individual/Family	\$5,000/\$10,000		\$6,450/\$12,900		\$6,450/\$12,900	
	Includes deductible, copays, and coinsurance					
Preventive Care	Plan pays 100%	Not covered ¹	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Physician Services						
Primary Care Physician	\$25 copay	Not covered ¹	\$25 copay	\$40 copay	20% after ded.	30% after ded.
Specialist	\$50 copay	Not covered ²	\$60 copay	\$125 copay ³	20% after ded.	30% after ded.
Urgent Care	\$35 copay	\$60 copay	\$35 copay	\$60 copay	20% after ded.	20% after ded.
Outpatient Lab/X-Ray						
Laboratory Services	\$20 copay	\$20 copay	\$20 copay	\$20 copay	20% after ded.	20% after ded.
X-Ray, Ultrasound	\$20 copay	50%	\$20 copay	25%	20% after ded.	20% after ded.
MRI, MRA, CT, PET	\$150 copay	Not covered	\$200 copay	\$200 copay, then 50%	20% after ded.	50% after ded.
Hospital Services						
Inpatient	20% after ded.	Not covered	15% after ded.	50% after ded.	20% after ded.	50% after ded.
Outpatient	20% after ded.	Not covered	15% after ded.	50% after ded.	20% after ded.	50% after ded.
Emergency Room⁴	\$250 copay		\$300 copay		20% after ded.	
Physical and Occupational Therapy Prior authorization required after 20 visits	\$20 copay	\$20 copay	\$20 copay	\$20 copay	20% after ded.	20% after ded.
Alternative Care I.E. Chiropractic and Acupuncture. Refer to Plan Document for full list of services.	75% up to \$1,000, then Plan pays 10% All services combined		75% up to \$1,000, then Plan pays 10% All services combined		75% after deductible up to \$1,000, then Plan pays 10% All services combined	
30-Day Prescription Generic Maintenance ⁵	\$0 copay		\$0 copay		Ded., then \$0 copay	
Tier 1	\$10 copay (member pays lesser of cost or copay)		\$15 copay (member pays lesser of cost or copay)		\$15 copay (member pays lesser of cost or copay)	
Tier 2	30% (\$30 min up to \$80 max)		35% (\$40 min up to \$100 max)		35% (\$40 min up to \$100 max)	
Tier 3	60% (\$100 min, no max)		60% (\$125 min, no max)		60% (\$125 min, no max)	
Specialty	30% (\$50 min up to \$100 max)		30% (\$60 min up to \$150 max)		30% (\$60 min up to \$150 max)	
90-Day Prescription⁶ Generic Maintenance ⁵	\$0 copay		\$0 copay		Ded., then \$0 copay	
Tier 1	\$25 copay		\$37.50 copay		\$37.50 copay	
Tier 2	30% (\$75 min up to \$200 max)		35% (min \$100 up to \$250 max)		35% (\$100 min up to \$250 max)	

(1) Except pediatric primary care. (2) Must obtain approval for care outside HonorHealth and ICP. (3) Tier 1 copay if specialty not in HonorHealth network. (4) In the case of life- or limb-threatening emergencies, out-of-network emergency room services will be covered at the in-network level. Copay waived if admitted, then inpatient deductible and coinsurance will apply. (5) HonorHealth covers generic preventive prescriptions for anti-depressants and four critical disease states: cardiac, asthma, hypertension, and diabetes. (6) All 90-day maintenance medications must be filled at a Walgreens pharmacy or through Optum mail order. Maintenance medications will not be covered if filled at any other pharmacy. Note for all plans: Behavioral health services are not covered out of network.

Biweekly Medical Plan Costs	Full-Time (60 to 80 hours)	Part-Time (32 to 59 hours)	Full-Time (60 to 80 hours)	Part-Time (32 to 59 hours)	Full-Time (60 to 80 hours)	Part-Time (32 to 59 hours)
	Employee Only	\$44	\$134	\$200	\$449	\$44
Employee + Spouse	\$207	\$458	\$447	\$897	\$207	\$458
Employee + Child(ren)	\$94	\$222	\$211	\$471	\$94	\$222
Employee + Family	\$271	\$581	\$550	\$1,133	\$271	\$581

Note: Premiums withheld from 24 pay periods. Full-time employees who make less than \$18.58 per hour (\$38,640 annually) are eligible for a Health Reimbursement Account (HRA) if they are enrolled in the Coordinated Care plan and a dental plan. Full-time employees with salaries more than \$150,000 will pay an additional \$25 per pay period.