



Triple Choice and High Deductible Health Plan Comparison

	Triple Choice Plan			HDHP	
	Tier 1 in network	Tier 2 in network	Tier 3 out of network	In network	Out of network
Network, third party administrator	Blue Cross Blue Shield UnitedHealthcare			Blue Cross Blue Shield UnitedHealthcare	
International coverage	Coverage for emergency services only			Coverage for emergency services only	
Deductible, per plan year				Aggregate deductible. Coinsurance applies after deductible is met. Deductible is waived for preventive care services.	
Employee only	\$200	\$1,000	\$5,000	\$1,500	\$5,000
Family	\$400	\$2,000	\$10,000	\$3,000	\$10,000
Copayment Coinsurance	Copayment for services apply after deductible is met. Deductible is waived for preventive care services.		Coinsurance applies after deductible is met.	Coinsurance applies after deductible is met. Deductible is waived for preventive care services.	Coinsurance applies after deductible is met.
Maximum out of pocket, per plan year	Deductible and copayments for medical and pharmacy applies. Plan pays 100% for the remainder of the plan year after maximum out of pocket limit has been met.			Deductible and coinsurance for medical and pharmacy applies. Plan pays 100% for the remainder of the plan year after maximum out of pocket limit has been met.	
Individual	\$7,350		\$8,700	\$3,500	\$8,700
Family	\$14,700		\$17,400	\$7,000	\$17,400
Nurse line	Included at no cost			Included at no cost	
Utilization management and case management	Utilization management Case management including maternity program			Utilization management Case management including maternity program	
Disease management	Blue Cross Blue Shield: asthma, diabetes, COPD, CHF, CAF, musculoskeletal, care alerts UnitedHealthcare: asthma, diabetes, COPD, CHF, CAF, musculoskeletal, population health support, orthopedic health solutions, Healthiness including reminders, spine and joint			Blue Cross Blue Shield: asthma, diabetes, COPD, CHF, CAF, musculoskeletal, care alerts UnitedHealthcare: asthma, diabetes, COPD, CHF, CAF, musculoskeletal, population health support, orthopedic health solutions, Healthiness including reminders, spine and joint	
Tobacco cessation	University of Arizona ASHLine available at no cost, includes tobacco cessation therapy and medication			University of Arizona ASHLine available at no cost, includes tobacco cessation therapy and medication	



Preventive care services including lab, radiology, or other tests	Deductible is waived only when services are provided by an in-network provider or pharmacy.			Deductible is waived only when services are provided by an in-network provider or pharmacy.	
	\$0	\$0	plan 50%, employee 50%	\$0	plan 50%, employee 50%
Physician's office visit	PCP: General practice, family practice, OB/GYN, internal medicine, and pediatrician including office visits, virtual telehealth or telemedicine visits, periodic health assessments, well-childcare and routine immunizations			PCP: general practice, family practice, OB/GYN, internal medicine, and pediatrician including office visits, virtual telehealth or telemedicine, periodic health assessments, well-childcare and routine immunizations	
	\$20	\$20	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Specialist office visit	\$40	\$40	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Laboratory and radiology services					
	Minor diagnostic and therapeutic.	\$0	\$0	plan 50%, employee 50%	plan 90%, employee 10% plan 50%, employee 50%
	Major diagnostic radiology, complex imaging.	\$100	\$100	plan 50%, employee 50%	plan 90%, employee 10% plan 50%, employee 50%
Telehealth services, virtual visit	Blue Cross Blue Shield of Arizona: BlueCareAnywhere UnitedHealthcare: AmWell Teladoc Doctor on Demand Tier 1 deductible applies			Blue Cross Blue Shield of Arizona: BlueCareAnywhere UnitedHealthcare: AmWell Teladoc Doctor on Demand	
	\$20	\$20	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Emergency room	Must be a medical emergency as defined. Copayment waived if admitted but subject to hospital admission copayment. ER visit, if not admitted and transferred to another ER, one ER copay is applied if the same episode of care			Must be a medical emergency as defined. Copayment waived if admitted but subject to hospital admission copayment. ER visit, if not admitted and transferred to another ER, one ER copay is applied if the same episode of care.	
	\$200	\$200	\$200	plan 90%, employee 10%	plan 50%, employee 50%
Ambulance services	For medical emergency or required interfacility transport. Non-emergency transportation requires pre-certification. Tier 1 deductible applies			For medical emergency or required interfacility transport. Non-emergency transportation requires pre-certification.	
	\$0	\$0	\$0	plan 90%, employee 10%	plan 50%, employee 50%
Hospital, inpatient admission	Includes intensive care unit and private rooms when medically necessary. Excludes subacute care, post-acute care, hospice, bariatric surgery, and maternity admission. Subacute care includes but is not limited to long-term care, hospital-based skilled nursing facilities, and free-standing skilled nursing facilities. Maternity admission for well newborn. In the situation of a sick newborn, this would be considered independent of the maternity stay and copay would apply. Readmission - copay applies regardless of the number of days between the admissions. Hospital transfers do not apply a copayment regardless of similar facility or shared DRG.			Includes intensive care unit and private rooms when medically necessary. Excludes subacute care, post-acute care, hospice, bariatric surgery, and maternity admission. Subacute care includes but is not limited to long-term care, hospital-based skilled nursing facilities, and free-standing skilled nursing facilities.	
	\$250	\$250	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%



Hospital - freestanding ambulatory, outpatient surgical	\$100	\$100	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Partial hospitalization	Intensive outpatient treatment			Intensive outpatient treatment	
	\$20	\$20	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Behavioral health, mental health and substance abuse services	One provider copay per day, Tier 1 deductible applies for in-network providers or facilities			One copay per day	
Inpatient	\$250	\$250	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Outpatient, including IOP	\$20	\$20	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Urgent care	Per facility, per day			Per facility, per day	
	\$75	\$75	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Acupuncture	No coverage			No coverage	
Allergy testing, treatment, injections	Coverage for testing and treatment, injections/serum with or without an office visit charge			Coverage for testing and treatment, injections/serum with or without an office visit charge	
	\$40	\$40	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Autism spectrum disorder	Excludes: sensory integration, LOVAAS therapy and music therapy. Subject to short-term therapy 60-visit limitation.			Excludes: sensory integration, LOVAAS therapy and music therapy. Subject to short-term therapy 60-visit limitation.	
	\$20	\$20	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Bariatric surgery	Must be performed at a Center of Excellence facility, Tier 1 deductible applies			Must be performed at a Center of Excellence facility.	
	20%	No coverage	No coverage	plan 80%, employee 20%	No coverage
Chiropractic and osteopathic services	Chiropractic is limited to 20 visits per member per plan year			Chiropractic is limited to 20 visits per member per plan year	
	\$40	\$40	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Durable medical equipment	Foot orthotics, prosthetic devices, and diabetic supplies			Foot orthotics, prosthetic devices, and diabetic supplies	
	\$0	\$0	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Family planning services	Contraception: ACA women's preventive coverage. Voluntary sterilization: covers tubal ligation and vasectomy. Abortion: No coverage except where the life of the mother is endangered or where complications arise. Infertility: Excludes coverage for erectile dysfunction, sexual disorders, other testicular hypofunction, penile disorders, and penile implants.			Contraception: ACA women's preventive coverage. Voluntary sterilization: covers tubal ligation and vasectomy. Abortion: No coverage except where the life of the mother is endangered or where complications arise. Infertility: Excludes coverage for erectile dysfunction, sexual disorders, other testicular hypofunction, penile disorders, and penile implants.	
	\$0	\$0	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Gynecology exam and pap smear	Limited to 1 exam and pap per year			Limited to 1 exam and pap per year	
	\$0	\$0	plan 50%, employee 50%	\$0	plan 50%, employee 50%
Hearing aids	Limited to one per ear, per Plan Year based on medical necessity			Limited to one per ear, per Plan Year based on medical necessity	
	\$0	\$0	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%



Home health or Home infusion care	Limited to 42 visits per member per plan year. Custodial, respite and private duty nursing is not covered.			Limited to 42 visits per member per plan year. Custodial, respite and private duty nursing is not covered.	
	\$0	\$0	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Hospice care	Includes inpatient and outpatient for life expectancy of six months or less.			Includes inpatient and outpatient for life expectancy of 6 months or less.	
	\$0	\$0	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Immunizations	Excludes travel immunizations, except those requires for work-related travel, services are provided by provider or pharmacy.			Excludes travel immunizations, except those requires for work-related travel, services provided by provider or pharmacy.	
	\$0	\$0	plan 50%, employee 50%	\$0	plan 50%, employee 50%
	Preventive	\$20	\$20	plan 50%, employee 50%	plan 90%, employee 10%
Non-preventive					
Injectable Medication	Covered under the medical plan when administered in a physician office, pre-certification may apply. Physician copayment applies.			Covered under the medical plan when administered in a physician office, pre-certification may apply. Physician copayment applies.	
Maternity Services	Includes initial office visit, pre-natal, post-natal, and inpatient stay for well newborn. In the situation of a sick newborn, this would be considered independent of the maternity stay and Hospital inpatient admission copay would apply. Inpatient admission requires pre-certification.			Includes initial office visit, pre-natal, post-natal, and inpatient stay for well newborn. Inpatient admission requires pre-certification.	
	\$20	\$20	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Medical Foods	Pre-cert required. Covered under medical home health service or DME. Includes Eosinophilic Gastrointestinal Disorder			Pre-cert required. Covered under medical home health service or DME. Includes Eosinophilic Gastrointestinal Disorder	
	\$0	\$0	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Nutritional Evaluation	\$20	\$20	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Ostomy Supplies	\$0	\$0	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Prostate Specific Antigen Test and Digital Rectal Exam	Limited to 1 DRE and PSA test per year age 40 and over—no deductible			Limited to 1 DRE and PSA test per year age 40 and over	
	\$0	\$0	plan 50%, employee 50%	\$0	plan 50%, employee 50%
Short-Term Therapy	Physical, occupational, speech, cardiac rehabilitation, and pulmonary rehabilitation therapy. 60 visits per member per plan year combined.			Physical, occupational, speech, cardiac rehabilitation, and pulmonary rehabilitation therapy. 60 visits per member per plan year combined.	
	\$40	\$40	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Skilled Nursing Facility	Limited to 90 days per member per plan year			Limited to 90 days per member per plan year	
	\$0	\$0	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%
Transplant Services	Inpatient admission subject to hospital admission copayment. Travel and lodging reimbursement up to \$10,000, limited to member receiving transplant and one companion combined.			Inpatient admission subject to hospital admission copayment. Travel and lodging reimbursement up to \$10,000, limited to member receiving transplant and one companion combined.	
	\$0	\$0	plan 50%, employee 50%	plan 90%, employee 10%	plan 50%, employee 50%