



City of Phoenix

Plan Scenarios

2027 Plan Year

Illustration



| PPO Plan Scenarios

Illustrative

Scenario 1a: Preventive Care (when it's free)

Jane schedules her annual wellness exam with her primary care provider (PCP).

Jane is enrolled in employee only coverage on the PPO plan, which has a \$600 deductible. Jane has already paid \$300 toward her annual deductible for previous medical services. She visits an in-network provider for her annual preventive exam, including routine preventive screenings.

Even though Jane has not met her deductible, preventive care is covered at 100% when provided by an in-network provider.

Illustrative

Scenario 1a: Preventive Care (when it's free)

How Claims are Applied	PPO
Total Medical Claims	\$300
Deductible Applied First	Not Applicable
Remaining Charges	\$0
Medical Copays/Coinsurance	Not Applicable
Out-of-Pocket Maximum Reached	No
Total Member Costs	\$0

Illustrative

Claim scenarios are illustrative and do not represent actual claim charges. Insurance carriers process claims when they are received and may not be processed in the same order as shown.

Scenario 1b: Preventive Care (when its not free)

During Jane's preventive visit, she mentions having digestive issues. The doctor orders additional blood tests to investigate the symptoms. Since the tests are related to a specific medical concern and are not considered preventive services, part of the visit may be billed as diagnostic care instead of preventive care.

In that case, the additional services could be subject to:

- Deductible
- Copay
- Coinsurance

Illustrative

Scenario 1b: Preventive Care (when it's not free)

How Claims are Applied	PPO
Total Medical Claims	\$800
Deductible Applied First	\$300
Remaining Charges	\$500
Medical Copays/Coinsurance	\$30
Out-of-Pocket Maximum Reached	No
Total Member Costs	\$330

Illustrative

Scenario 2: Emergency Room (not admitted)

Mike develops severe abdominal pain and goes to the emergency room fearing its appendicitis. Fortunately, after testing, the doctors determine it is not a surgical emergency, and he is sent home the same day.

Mike is enrolled family coverage on the PPO plan, which has a \$1,800 family deductible. Mike's family has four members covered on the plan. Mike has not paid anything towards his portion of the deductible, but the rest of his family has already paid \$1,500 toward their annual deductible for previous services.

Even though Mike's individual deductible is \$600, he only pays \$300 to hit his family deductible of \$1,800. Now that Mike's family deductible is met he will only pay applicable copays and coinsurance until the out-of-pocket maximum is hit.

The copays and coinsurance significantly reduce Mike's out of pocket expenses, and he does not hit his out-of-pocket maximum in this scenario.

Illustrative

Scenario 2: Emergency Room (not admitted)

How Claims are Applied	PPO
Total Medical Claims	\$3,000
Deductible Applied First	\$300
Remaining Charges	\$2,700
Medical Copays/Coinsurance	\$810
Out-of-Pocket Maximum Reached	No
Total Member Costs	\$1,110

Illustrative

Scenario 3: Serious Medical Event

Sarah is involved in a car accident and requires surgery on her leg. Her treatment includes an emergency room visit, hospitalization, surgery, X-rays, prescription drugs for pain, follow-up treatment and physical therapy. The total cost of all services is **\$35,000**.

Sarah is enrolled in the PPO and has not used any health care services this year. Sarah must first pay her \$600 deductible. After the deductible is met, any applicable copays and/or coinsurance apply until she reaches the plan's out-of-pocket maximum of \$1,500. Once the out-of-pocket maximum is reached, the plan pays **100% of covered in-network medical expenses** for the remainder of the plan year.

Note: For the PPO plan, prescription drug (Rx) have a separate out-of-pocket maximum than the medical expenses. Any applicable Rx copays, coinsurance, deductibles would accumulate towards this separate Rx out-of-pocket maximum.

Illustrative

Scenario 3: Serious Medical Event

How Claims are Applied	PPO
Total Medical Claims	\$35,000
Deductible Applied First	\$600
Remaining Charges	\$34,400
Medical Copays/Coinsurance	\$900
Out-of-Pocket Maximum Reached	Yes
Rx Copays	\$150
Total Member Costs	\$1,650

Illustrative

Claims are illustrative and do not represent actual claim charges. Insurance carriers process claims when they are received and may not be processed in the same order as shown.

| Savers Choice HDHP Plan Scenarios

Illustrative

Scenario 1a: Preventive Care (when it's free)

Jane schedules her annual wellness exam with her primary care provider (PCP).

Jane is enrolled in employee only coverage on the Savers Choice HDHP plan, which has a \$2,000 deductible. Jane has already paid \$300 toward her annual deductible for previous services. She visits a PCMH provider for her annual preventive exam, including routine preventive screenings.

Even though Jane has not met her deductible, preventive care is covered at 100% when provided by an in-network provider.

Illustrative

Scenario 1a: Preventive Care (when it's free)

How Claims are Applied	PPO
Total Medical Claims	\$300
Deductible Applied First	Not Applicable
Remaining Charges	\$0
Medical Copays/Coinsurance	Not Applicable
Out-of-Pocket Maximum Reached	No
Total Member Costs	\$0

Illustrative

Claim scenarios are illustrative and do not represent actual claim charges. Insurance carriers process claims when they are received and may not be processed in the same order as shown.

Scenario 1b: Preventive Care (when it's not free)

During Jane's preventive visit, she mentions having digestive issues. The doctor orders additional blood tests to investigate the symptoms. Since the tests are related to a specific medical concern and are not considered preventive services, part of the visit may be billed as diagnostic care instead of preventive care.

In that case, the additional services could be subject to:

- Deductible
- Copay
- Coinsurance

Illustrative

Scenario 1b: Preventive Care (when it's not free)

How Claims are Applied	PPO
Total Medical Claims	\$400
Deductible Applied First	\$400
Remaining Charges	\$0
Medical Copays/Coinsurance	Not Applicable
Out-of-Pocket Maximum Reached	No
Total Member Costs	\$400

Illustrative

Scenario 2: Emergency Room (not admitted)

Mike develops severe abdominal pain and goes to the emergency room fearing its appendicitis. Fortunately, after testing, the doctors determine it is not a surgical emergency, and he is sent home the same day.

Mike is enrolled family coverage on the Savers Choice HDHP plan, which has a \$4,000 family deductible. Mike's family has four members covered on the plan. Mike has not paid anything towards his portion of the deductible, but the rest of his family has already paid \$3,000 toward their annual deductible for previous services.

First Mike must pay \$1,000 to reach to the family deductible of \$4,000. Now that Mike's family deductible is met, he will only pay applicable copays and coinsurance until the out-of-pocket maximum is hit.

The copays and coinsurance significantly reduce Mikes out of pocket expenses, and he does not hit his out-of-pocket maximum in this scenario.

Illustrative

Scenario 2: Emergency Room (not admitted)

How Claims are Applied	PPO
Total Medical Claims	\$3,000
Deductible Applied First	\$1,000
Remaining Charges	\$2,000
Medical Copays/Coinsurance	\$200
Out-of-Pocket Maximum Reached	No
Total Member Costs	\$1,200

Illustrative

Scenario 3: Serious Medical Event

Sarah is involved in a car accident and requires surgery on her leg. Her treatment includes an emergency room visit, hospitalization, surgery, X-rays, prescription drugs for pain, follow-up treatment and physical therapy. The total cost of all services is **\$35,000**.

Sarah is enrolled in employee only coverage on the Savers Choice HDHP plan and has not used any services so far this year. Sarah must first satisfy her \$2,000 deductible. After the deductible is met, any applicable copays and/or coinsurance apply until she reaches the plan's out-of-pocket maximum of \$3,400. Once the out-of-pocket maximum is reached, the plan pays **100% of covered in-network medical expenses** for the remainder of the plan year.

Illustrative

Scenario 3: Serious Medical Event

How Claims are Applied	PPO
Total Medical Claims	\$35,000
Deductible Applied First	\$2,000
Remaining Charges	\$33,000
Medical Copays/Coinsurance	\$1,400
Out-of-Pocket Maximum Reached	Yes
Rx Copays	\$0
Total Member Costs	\$3,400

Illustrative

| HMO Plan Scenarios

Illustrative

Scenario 1a: Preventive Care (when it's free)

Jane schedules her annual wellness exam with her primary care provider (PCP).

Jane is enrolled in the HMO plan, which has a \$0 deductible. She visits a Performance Network provider for her annual preventive exam, including routine preventive screenings.

Preventive care is covered at 100% when provided by an in-network provider.

Illustrative

Scenario 1a: Preventive Care (when it's free)

How Claims are Applied	PPO
Total Medical Claims	\$300
Deductible Applied First	Not Applicable
Remaining Charges	\$0
Medical Copays/Coinsurance	Not Applicable
Out-of-Pocket Maximum Reached	No
Total Member Costs	\$0

Illustrative

Claim scenarios are illustrative and do not represent actual claim charges. Insurance carriers process claims when they are received and may not be processed in the same order as shown.

Scenario 1b: Preventive Care (when it's not free)

During Jane's preventive visit, she mentions having digestive issues. The doctor orders additional blood tests to investigate the symptoms. Since the tests are related to a specific medical concern and are not considered preventive services, part of the visit may be billed as diagnostic care instead of preventive care.

In that case, the additional services could be subject to:

- Copay
- Coinsurance

Illustrative

Scenario 1b: Preventive Care (when it's not free)

How Claims are Applied	PPO
Total Medical Claims	\$400
Deductible Applied First	Not Applicable
Remaining Charges	\$400
Medical Copays/Coinsurance	\$25
Out-of-Pocket Maximum Reached	No
Total Member Costs	\$25

Illustrative

Scenario 2: Emergency Room (not admitted)

Mike develops severe abdominal pain and goes to the emergency room fearing its appendicitis. Fortunately, after testing, the doctors determine it is not a surgical emergency, and he is sent home the same day.

Mike is enrolled family coverage on the HMO plan, and has four family members covered on the plan. Mike's family has paid \$1,000 in medical services this year.

There is no deductible on the HMO plan, so Mike will only pay applicable copays and coinsurance until the out-of-pocket maximum is hit.

The copays and coinsurance significantly reduce Mike's out of pocket expenses, and he does not hit his out-of-pocket maximum in this scenario.

Illustrative

Scenario 2: Emergency Room (not admitted)

How Claims are Applied	PPO
Total Medical Claims	\$3,000
Deductible Applied First	Not Applicable
Remaining Charges	\$3,000
Medical Copays/Coinsurance	\$500
Out-of-Pocket Maximum Reached	No
Total Member Costs	\$500

Illustrative

Scenario 3: Serious Medical Event

Sarah is involved in a car accident and requires surgery on her leg. Her treatment includes an emergency room visit, hospitalization, surgery, X-rays, prescription drugs for pain, follow-up treatment and physical therapy. The total cost of all services is **\$35,000**. Sarah receives services at a Performance Network facility.

Sarah is enrolled in the HMO plan and has not used any services so far this year. Sarah has a \$0 deductible but must pay any applicable copays and/or coinsurance until she reaches the plan's out-of-pocket maximum of \$1,500. Once the out-of-pocket maximum is reached, the plan pays **100% of covered in-network medical expenses** for the remainder of the plan year.

Note: For the HMO plan, prescription drug (Rx) have a separate out-of-pocket maximum than the medical expenses. Any applicable Rx copays, coinsurance, deductibles would accumulate towards this separate Rx out-of-pocket maximum.

Illustrative

Scenario 3: Serious Medical Event

How Claims are Applied	PPO
Total Medical Claims	\$35,000
Deductible Applied First	Not Applicable
Remaining Charges	\$35,000
Medical Copays/Coinsurance	\$700
Out-of-Pocket Maximum Reached	No
Rx Copays	\$150
Total Member Costs	\$850

Illustrative