

ARIZONA TECHNOLOGY COUNCIL PLAN DESCRIPTIONS



All Lines of Coverages
For Effective Dates 01/01/2021 through 12/31/2021

Blue Cross Blue Shield of Arizona Medical														
All plans available on Statewide (with and without Mayo Clinic), Alliance, and PimaConnect networks														
	Common Deductible Individual Family		Coinsurance INN OON		In-Network OOPM Individual Family		Out-of-Network OOPM Individual Family		PCP Copay	Specialist Copay	Urgent Care	ER	Retail Rx Tier 1 2 3 4	Specialty Rx A B C D
100% Copay Plans														
PPO 100 5000	\$5,000	\$10,000	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$30	\$60	\$50	\$400	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
PPO 100 7900	\$7,900	\$15,800	100%	50%	\$7,900	\$15,800	\$15,800	\$31,600	\$30	\$60	\$50	\$400	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
90% Copay Plans														
PPO 90 500	\$500	\$1,000	90%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$20	\$40	\$50	\$300	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
PPO 90 1000	\$1,000	\$2,000	90%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$20	\$40	\$50	\$300	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
80% Copay Plans														
PPO 80 500	\$500	\$1,000	80%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$25	\$50	\$50	\$350	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
PPO 80 750 - <i>New 1/1/21</i>	\$750	\$1,500	80%	50%	\$4,250	\$8,500	\$8,500	\$17,000	\$25	\$50	\$50	\$350	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
PPO 80 1000	\$1,000	\$2,000	80%	50%	\$4,500	\$9,000	\$9,000	\$18,000	\$25	\$50	\$50	\$350	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
PPO 80 1500 - <i>New 1/1/21</i>	\$1,500	\$3,000	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$25	\$50	\$50	\$350	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
PPO 80 2000	\$2,000	\$4,000	80%	50%	\$5,500	\$11,000	\$11,000	\$22,000	\$25	\$50	\$50	\$350	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
PPO 80 2500 - <i>New 1/1/21</i>	\$2,500	\$5,000	80%	50%	\$5,500	\$11,000	\$11,000	\$22,000	\$25	\$50	\$50	\$350	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
PPO 80 3000	\$3,000	\$6,000	80%	50%	\$5,750	\$11,500	\$11,500	\$23,000	\$30	\$60	\$50	\$400	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
PPO 80 4000 - <i>New 1/1/21</i>	\$4,000	\$8,000	80%	50%	\$6,000	\$12,000	\$12,000	\$24,000	\$30	\$60	\$50	\$400	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
PPO 80 5000	\$5,000	\$10,000	80%	50%	\$6,250	\$12,500	\$12,500	\$25,000	\$30	\$60	\$50	\$400	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
PPO 80 6000	\$6,000	\$12,000	80%	50%	\$7,250	\$14,500	\$14,500	\$29,000	\$30	\$60	\$50	\$400	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
70% Copay Plans														
PPO 70 1000 - <i>New 1/1/21</i>	\$1,000	\$2,000	70%	50%	\$4,500	\$9,000	\$9,000	\$18,000	\$25	\$50	\$50	\$350	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
PPO 70 2000 - <i>New 1/1/21</i>	\$2,000	\$4,000	70%	50%	\$5,500	\$11,000	\$11,000	\$22,000	\$25	\$50	\$50	\$350	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
PPO 70 3000 - <i>New 1/1/21</i>	\$3,000	\$6,000	70%	50%	\$5,750	\$11,500	\$11,500	\$23,000	\$30	\$60	\$50	\$400	\$15 \$45 \$75 \$130	\$60 \$110 \$160 \$210
HSA Plans														
HSA 80 1500	\$1,500	\$3,000	80%	50%	\$4,500	\$9,000	\$9,000	\$18,000	80%	80%	80%	80%	80%	80%
HSA 80 3000	\$3,000	\$6,000	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	80%	80%	80%	80%	80%	80%
HSA 80 4500	\$4,500	\$9,000	80%	50%	\$5,500	\$11,000	\$11,000	\$22,000	80%	80%	80%	80%	80%	80%
HSA 100 3500	\$3,500	\$7,000	100%	50%	\$3,500	\$7,000	\$7,000	\$14,000	----- No charge after deductible -----					
HSA 100 6900	\$6,900	\$13,800	100%	50%	\$6,900	\$13,800	\$13,800	\$27,600	----- No charge after deductible -----					

Wellspring Employee Assistance Program

3-Visit Model (Included with medical) 3 face-to-face visits

Blue Cross Blue Shield of Arizona BlueDental				
Dental Plans	Deductible (Individual/Family)	Coinsurance Class I, II, III In-Network	Coinsurance Class I, II, III Out-of-Network	Calendar Year Maximum
DHMO High	None	Copays	N/A	Unlimited
PPO 50-1000 A Value	\$50 \$150	100% 80% 50%	80% 60% 40%	\$1,000
PPO 50-1500 A Value	\$50 \$150	100% 80% 50%	80% 60% 40%	\$1,500
PPO 50-1500 A2 Optimum	\$50 \$150	100% 80% 50%	80% 60% 40%	\$1,500
PPO 25-2000 A2 Optimum w/1500 Adult & Child Ortho	\$25 \$75	100% 90% 60%	80% 70% 40%	\$2,000

VSP Vision						
VSP Plans	Exams Copay Frequency	Lenses Copay Frequency	Frames Allowance Frequency	Contacts Copay Allow Frequency	Computer Vision Care (Lenses/Frames)	
Exam Plus	\$10 12 Mo.	n/a	n/a	n/a	n/a	
Basic	\$10 12 Mo.	\$0 24 Mo.	\$130 24 Mo.	\$60 \$130 24 Mo.	n/a	
Preferred	\$10 12 Mo.	\$0 12 Mo.	\$150 24 Mo.	\$60 \$150 12 Mo.	n/a	
Enhanced + Computer Vision Care	\$10 12 Mo.	\$0 12 Mo.	\$150 12 Mo.	\$60 \$150 12 Mo.	L: \$10 12 Mo. F: \$10 \$90 12 Mo.	
EasyOptions	\$10 12 Mo.	\$0 12 Mo.	\$170 12 Mo.	\$60 \$170 12 Mo.	F: \$10 \$90 12 Mo.	

Metropolitan Life Insurance Company	
Employee Life AD&D	
Plan A (Mandatory)	\$25,000 of Basic Life and AD&D coverage
Plan B	\$50,000 of Basic Life and AD&D coverage
Plan C	\$100,000 of Basic Life and AD&D coverage
Plan D	\$250,000 of Basic Life and AD&D coverage
Supplemental Life and AD&D	
Increments of \$10,000 up to maximum of \$500,000 coverage	
Spouse & Dependent Life and AD&D	
Spouse: Increments of \$5,000 to maximum of \$250,000 coverage Dependent: Flat \$2,500 coverage	
Short & Long Term Disability	
Long-Term Disability: 4 plans (90-day & 180-day elimination period available) Short-Term Disability: 4 plans (12-week & 26-week duration available)	

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EMPLOYEE BENEFITS CONSULTING

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