

ARIZONA TECHNOLOGY COUNCIL PLAN DESCRIPTIONS



All Lines of Coverages
For Effective Dates 01/01/2022 through 12/01/2022

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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	OON Reimbursement
DHMO High	None	Copays	N/A	Unlimited	N/A
PPO 50-1000 A Value	\$50 \$150	100% 80% 50%	80% 60% 40%	\$1,000	MAC
PPO 50-1500 A Value	\$50 \$150	100% 80% 50%	80% 60% 40%	\$1,500	MAC
PPO 50-1500 A2 Optimum	\$50 \$150	100% 80% 50%	80% 60% 40%	\$1,500	MAC
PPO 25-2000 A2 Optimum w/1500 Adult & Child Ortho	\$25 \$75	100% 90% 60%	80% 70% 40%	\$2,000	MAC
PPO 50-1500 P290 O	\$50 \$150	100% 80% 50%	100% 80% 50%	\$1,500	90th UCR
PPO 50-1000 A90 V	\$50 \$150	100% 80% 50%	80% 60% 40%	\$1,000	90th UCR

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)	



Tel: 800.488.8277 | AZTC@dimarinc.com