






# ARIZONA TECHNOLOGY COUNCIL PLAN DESCRIPTIONS



All Lines of Coverages  
For Effective Dates 01/01/2024 through 12/01/2024

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	Coinurance 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   1600	\$1,600   \$3,200	80%   50%	\$4,500   \$9,000	\$9,000   \$18,000	80%	80%	80%	80%	80%	80%	80%	80%	
HSA 80   3200	\$3,200   \$6,400	80%   50%	\$5,000   \$10,000	\$10,000   \$20,000	80%	80%	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%	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)		Coinurance Class I, II, III In-Network		Coinurance 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)													



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