

ARIZONA TECHNOLOGY COUNCIL PLAN DESCRIPTIONS

All Lines of Coverages
For Effective Dates 01/01/2027 through 12/01/2027



Blue Cross Blue Shield of Arizona Medical											
All plans available on Statewide and AllianceConnect Networks. Plan Combinations: Groups may select up to 4 plans with no minimum enrollment per plan. For groups choosing multiple non-Prosano plans on the Statewide network, a Statewide with Mayo plan may not be combined with a Statewide without Mayo plan. Exception: Any Prosano plan may be combined with a Statewide Mayo plan.											
	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	\$60	\$550	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 100 7900	\$7,900 \$15,800	100% 50%	\$7,900 \$15,800	\$15,800 \$31,600	\$30	\$60	\$60	\$550	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
90% Copay Plans											
PPO 90 500	\$500 \$1,000	90% 50%	\$3,500 \$7,000	\$7,000 \$14,000	\$20	\$60	\$60	\$450	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 90 1000	\$1,000 \$2,000	90% 50%	\$4,000 \$8,000	\$8,000 \$16,000	\$20	\$60	\$60	\$450	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
80% Copay Plans											
PPO 80 500	\$500 \$1,000	80% 50%	\$4,250 \$8,500	\$8,000 \$16,000	\$25	\$60	\$60	\$500	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 80 750	\$750 \$1,500	80% 50%	\$4,500 \$9,000	\$8,500 \$17,000	\$25	\$60	\$60	\$500	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 80 1000	\$1,000 \$2,000	80% 50%	\$4,750 \$9,500	\$9,000 \$18,000	\$25	\$60	\$60	\$500	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 80 1500	\$1,500 \$3,000	80% 50%	\$5,000 \$10,000	\$10,000 \$20,000	\$25	\$60	\$60	\$500	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 80 2000	\$2,000 \$4,000	80% 50%	\$5,500 \$11,000	\$11,000 \$22,000	\$25	\$60	\$60	\$500	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 80 2500	\$2,500 \$5,000	80% 50%	\$5,750 \$11,500	\$11,000 \$22,000	\$25	\$60	\$60	\$500	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 80 3000	\$3,000 \$6,000	80% 50%	\$6,000 \$12,000	\$12,000 \$24,000	\$30	\$60	\$60	\$550	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 80 4000	\$4,000 \$8,000	80% 50%	\$6,500 \$13,000	\$13,000 \$26,000	\$30	\$60	\$60	\$550	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 80 5000	\$5,000 \$10,000	80% 50%	\$7,000 \$14,000	\$14,000 \$28,000	\$30	\$60	\$60	\$550	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 80 6000	\$6,000 \$12,000	80% 50%	\$7,500 \$15,000	\$15,000 \$30,000	\$30	\$60	\$60	\$550	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
70% Copay Plans											
PPO 70 1000	\$1,000 \$2,000	70% 50%	\$5,500 \$11,000	\$10,000 \$20,000	\$25	\$60	\$60	\$500	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 70 2000	\$2,000 \$4,000	70% 50%	\$6,000 \$12,000	\$12,000 \$24,000	\$25	\$60	\$60	\$500	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 70 3000	\$3,000 \$6,000	70% 50%	\$6,500 \$13,000	\$13,000 \$26,000	\$30	\$60	\$60	\$550	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 70 4000	\$4,000 \$8,000	70% 50%	\$7,000 \$14,000	\$14,000 \$28,000	\$30	\$60	\$60	\$550	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 70 6000	\$6,000 \$12,000	70% 50%	\$7,500 \$15,000	\$15,000 \$30,000	\$30	\$60	\$60	\$550	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 70 7500	\$7,500 \$15,000	70% 50%	\$8,000 \$16,000	\$16,000 \$32,000	\$30	\$60	\$60	\$550	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
HSA Plans											
HSA 80 1750	\$1,750 \$3,500	80% 50%	\$4,500 \$9,000	\$9,000 \$18,000			80%		80%		80%
HSA 80 3500	\$3,500 \$7,000	80% 50%	\$5,500 \$11,000	\$11,000 \$22,000			80%		80%		80%
HSA 80 4500	\$4,500 \$9,000	80% 50%	\$6,000 \$12,000	\$12,000 \$24,000			80%		80%		80%
HSA 70 6000	\$6,000 \$12,000	70% 50%	\$7,500 \$15,000	\$15,000 \$30,000			70%		70%		70%
HSA 100 3500	\$3,500 \$7,000	100% 50%	\$3,500 \$7,000	\$7,000 \$14,000							
HSA 100 7900	\$7,900 \$15,800	100% 50%	\$7,900 \$15,800	\$15,800 \$31,600							
BlueSignature Prosano Plans											
PPO 80 1000	\$1,000 \$2,000	80% 50%	\$5,000 \$10,000	\$10,000 \$20,000	\$75	\$100	80%	80%	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 80 2500	\$2,500 \$5,000	80% 50%	\$6,500 \$13,000	\$13,000 \$26,000	\$75	\$100	80%	80%	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 80 5000	\$5,000 \$10,000	80% 50%	\$7,500 \$15,000	\$15,000 \$30,000	\$75	\$100	80%	80%	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
PPO 70 7000	\$7,000 \$14,000	70% 50%	\$9,500 \$19,000	\$17,000 \$34,000	\$75	\$100	70%	70%	\$15 \$55 \$85 \$150	\$70 \$150 \$300 \$450	
AZBlue HSA Prosano Saver - NEW!											
HSA 80 3500	\$3,500 \$7,000	80% 50%	\$5,500 \$11,000	\$11,000 \$22,000			80%		80%		80%
HSA 80 4500	\$4,500 \$9,000	80% 50%	\$6,000 \$12,000	\$12,000 \$24,000			80%		80%		80%
HSA 70 6000	\$6,000 \$12,000	70% 50%	\$7,500 \$15,000	\$15,000 \$30,000			70%		70%		70%
HSA 100 3500	\$3,500 \$7,000	100% 50%	\$3,500 \$7,000	\$7,000 \$14,000							
HSA 100 7900	\$7,900 \$15,800	100% 50%	\$7,900 \$15,800	\$15,800 \$31,600							

CuraLinc Healthcare 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 12 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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