



Vigilant Manufacturers' Trust of Arizona Plan Descriptions

All Lines of Coverage
For Effective Dates 1/1/2024 to 12/1/2024

| BlueCross BlueShield of Arizona Medical <i>(Requires 2 or more employees enrolled)</i> | Deductible (Individual/Family) | Coinsurance (In-Network Out-of-Network) | In-Network Out of Pocket Max* (Individual/Family) | Office Visit Copay (PCP Specialist) | Retail Prescription | Specialty Prescription |
|---|-----------------------------------|--|---|--|----------------------------------|------------------------------|
| 80 Series 80% Copay Plans | | | | | | |
| PPO 80 500 | \$500 \$1,000 | 80% 50% | \$4,500 \$9,000 | \$25 \$50 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| PPO 80 750 | \$750 \$1,500 | 80% 50% | \$4,750 \$9,500 | \$25 \$50 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| PPO 80 1000 | \$1,000 \$2,000 | 80% 50% | \$5,000 \$10,000 | \$25 \$50 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| PPO 80 1500 | \$1,500 \$3,000 | 80% 50% | \$5,500 \$11,000 | \$25 \$50 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| PPO 80 2000 | \$2,000 \$4,000 | 80% 50% | \$6,000 \$12,000 | \$30 \$60 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| PPO 80 2500 | \$2,500 \$5,000 | 80% 50% | \$6,350 \$12,700 | \$30 \$60 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| PPO 80 3000 | \$3,000 \$6,000 | 80% 50% | \$6,350 \$12,700 | \$30 \$60 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| PPO 80 4000 | \$4,000 \$8,000 | 80% 50% | \$6,350 \$12,700 | \$35 \$75 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| PPO 80 5000 | \$5,000 \$10,000 | 80% 50% | \$6,350 \$12,700 | \$35 \$75 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| PPO 80 6000 | \$6,000 \$12,000 | 80% 50% | \$7,350 \$14,700 | \$35 \$75 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| 70 Series 70% Copay Plans | | | | | | |
| PPO 70 1000 | \$1,000 \$2,000 | 70% 50% | \$6,350 \$12,700 | \$25 \$50 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| PPO 70 2000 | \$2,000 \$4,000 | 70% 50% | \$6,350 \$12,700 | \$30 \$60 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| PPO 70 3000 | \$3,000 \$6,000 | 70% 50% | \$6,350 \$12,700 | \$30 \$60 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| PPO 70 4000 | \$4,000 \$8,000 | 70% 50% | \$6,350 \$12,700 | \$35 \$75 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| PPO 70 5000 | \$5,000 \$10,000 | 70% 50% | \$6,350 \$12,700 | \$35 \$75 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| PPO 70 6000 | \$6,000 \$12,000 | 70% 50% | \$7,350 \$14,700 | \$35 \$75 | \$15 \$45 \$75 \$130 | \$60 \$110 \$160 \$210 |
| HSA Plans | | | | | | |
| HSA 80 \$1600 | \$1,600 \$3,200 | 80% 50% | \$5,000 \$10,000 | 80% | 80% 80% 80% | 80% 80% 80% |
| HSA 80 \$3200 | \$3,200 \$6,400 | 80% 50% | \$5,250 \$10,500 | 80% | 80% 80% 80% | 80% 80% 80% |
| HSA 80 \$3500 | \$3,500 \$7,000 | 80% 50% | \$5,500 \$11,000 | 80% | 80% 80% 80% | 80% 80% 80% |
| HSA 80 \$4500 | \$4,500 \$9,000 | 80% 50% | \$6,000 \$12,000 | 80% | 80% 80% 80% | 80% 80% 80% |
| HSA 100 \$4000 | \$4,000 \$8,000 | 100% 50% | \$4,000 \$8,000 | | Covered in full after deductible | |
| HSA 100 \$6900 | \$6,900 \$13,800 | 100% 50% | \$6,900 \$13,800 | | Covered in full after deductible | |

*Out-of-Network OOPM is 2 X's In-Network **All Medical Plans Available on Statewide, Alliance & PimaConnect Networks**

Plan Combinations: Groups may select up to 4 plans with no minimum enrollment per plan.

| Equitable - Employee Life + AD&D <i>(Enrollment Must Match Medical)</i> | |
|--|--|
| Employee Life + AD&D | |
| \$15,000 (Mandatory) | \$15,000 of Basic Life and AD&D coverage |
| \$25,000 | \$25,000 of Basic Life and AD&D coverage |
| \$50,000 | \$50,000 of Basic Life and AD&D coverage |
| \$75,000 | \$75,000 of Basic Life and AD&D coverage |
| Dependent Life + AD&D | |
| \$5,000 Spouse \$2,500 Child | 1 plan available |

| VSP Vision <i>(Enrollment Must Match Medical)</i> | Exams Copay Frequency | Lenses Copay Freq. Allow | Frames Copay Freq. Allow | Contacts Copay Freq. Allow | 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. | \$0 24 Mo. \$130 | \$60 24 Mo. \$130 | n/a |
| Preferred | \$10 12 Mo. | \$0 12 Mo. | \$0 24 Mo. \$150 | \$60 12 Mo. \$150 | n/a |
| Enhanced + Computer VisionCare | \$10 12 Mo. | \$0 12 Mo. | \$0 12 Mo. \$150 | \$60 12 Mo. \$150 | L: \$0 12 Mo. F: \$0 \$90 12 Mo. |

| BlueCross BlueShield of Arizona Dental <i>(Requires 2 or more employees enrolled, uncommon enrollment allowed)</i> | Deductible (Individual/Family) | Coinsurance | | Calendar Year Maximum | OON Reimbursement |
|---|-----------------------------------|----------------------------|------------------|-----------------------|-------------------|
| | | In-Network | Out-Of-Network | | |
| DHMO High | n/a | Benefits subject to copays | | n/a | n/a |
| PPO 50-1000 AV | \$50 \$150 | 100% 80% 50% | 80% 60% 40% | \$1,000 | MAC |
| PPO 50-1500 AV | \$50 \$150 | 100% 80% 50% | 80% 60% 40% | \$1,500 | MAC |
| PPO 50-1500 A20 + \$1000 Adult & Child Ortho | \$50 \$150 | 100% 80% 50% | 80% 60% 40% | \$1,500 | 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 |



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