



Vigilant Construction Trust of Arizona Plan Descriptions

All Lines of Coverage
For Effective Dates 1/1/2025 to 12/1/2025

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 \$85 \$150	\$70 \$120 \$200 \$250
PPO 80 750	\$750 \$1,500	80% 50%	\$4,750 \$9,500	\$25 \$50	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 80 1000	\$1,000 \$2,000	80% 50%	\$5,000 \$10,000	\$25 \$50	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 80 1500	\$1,500 \$3,000	80% 50%	\$5,500 \$11,000	\$25 \$50	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 80 2000	\$2,000 \$4,000	80% 50%	\$6,000 \$12,000	\$30 \$60	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 80 2500	\$2,500 \$5,000	80% 50%	\$6,350 \$12,700	\$30 \$60	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 80 3000	\$3,000 \$6,000	80% 50%	\$6,350 \$12,700	\$30 \$60	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 80 4000	\$4,000 \$8,000	80% 50%	\$6,350 \$12,700	\$35 \$75	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 80 5000	\$5,000 \$10,000	80% 50%	\$7,000 \$14,000	\$35 \$75	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 80 6000	\$6,000 \$12,000	80% 50%	\$7,500 \$15,000	\$35 \$75	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
70 Series 70% Copay Plans						
PPO 70 1000	\$1,000 \$2,000	70% 50%	\$7,000 \$14,000	\$25 \$50	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 70 2000	\$2,000 \$4,000	70% 50%	\$7,000 \$14,000	\$30 \$60	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 70 3000	\$3,000 \$6,000	70% 50%	\$7,000 \$14,000	\$30 \$60	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 70 4000	\$4,000 \$8,000	70% 50%	\$7,000 \$14,000	\$35 \$75	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 70 5000	\$5,000 \$10,000	70% 50%	\$7,000 \$14,000	\$35 \$75	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 70 6000	\$6,000 \$12,000	70% 50%	\$7,500 \$15,000	\$35 \$75	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 70 7500	\$7,500 \$15,000	70% 50%	\$8,000 \$16,000	\$35 \$75	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
50 Series 50% Copay Plans						
PPO 50 4000	\$4,000 \$8,000	50% 50%	\$7,000 \$14,000	\$35 \$75	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
PPO 50 6000	\$6,000 \$12,000	50% 50%	\$7,500 \$15,000	\$35 \$75	\$15 \$45 \$85 \$150	\$70 \$120 \$200 \$250
HSA Plans						
HSA 80 \$1700	\$1,700 \$3,400	80% 50%	\$5,000 \$10,000	80%	80% 80% 80%	80% 80% 80%
HSA 80 \$3500	\$3,500 \$7,000	80% 50%	\$6,000 \$12,000	80%	80% 80% 80%	80% 80% 80%
HSA 80 \$4500	\$4,500 \$9,000	80% 50%	\$6,500 \$13,000	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 \$7900	\$7,900 \$15,800	100% 50%	\$7,900 \$15,800		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 A2O + \$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



DiMartino Associates
1325 Fourth Avenue, Suite 1705 Seattle, WA 98101
Tel: 800.488.8277 | Fax: 206.812.7515
VCTA@dimarinc.com

