

**Vigilant Manufacturers' 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
<b>80 Series   80% Copay Plans</b>						
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
<b>70 Series   70% Copay Plans</b>						
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
<b>50 Series   50% Copay Plans</b>						
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
<b>HSA Plans</b>						
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



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