2027

Vigilant Construction Trust of Arizona (VCTA) Product Guide

Employers with 2+ Enrolled Employees

Plan administered by

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

VIGILANT
counsel for employers

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VALUE OF BLUE

Introducing the AZ Blue 2027 Product Portfolio!
We know you have many choices when it comes to healthcare. But with AZ Blue, you will have a truly dedicated, locally based partner with a deep understanding of what Arizonans need to achieve better health.

With a wide range of benefit designs, network options, and care delivery choices, you are sure to find the right solution to meet your organization's goals and budget. You will also get an unparalleled level of service. From strategic planning to implementation to day-to-day operations, you will have the support you need, when you need it.

Browse through our plans and products. No matter what you choose, rest assured we have you and your employees covered.

INSURANCE QUESTIONS:

DiMartino Associates
vcta@dimarinc.com
1-800-488-8277

MEMBERSHIP:

VCTA
benefits@vigilant.org
503-603-4422

2027 VCTA CHOICES

About association health plans (AHPs)

When multiple small businesses join together as one association, they can take advantage of affordable health plans to help attract and retain top talent. AZ Blue has created unique plans that are available only to VCTA members.

These plans provide:

Access — Statewide network, including the Mayo Clinic[1], with exclusive network options in Maricopa, Pinal, and Pima counties

Service — Local customer service for care and claims support

Flexibility — Coverage available for businesses with as few as two employees

Network options for higher net savings

Network choice provides access to quality care and is a key money saver for employers and employees alike.

- Choosing a smaller network helps lower employees' premiums
- Staying in-network lowers costs for medical services
- Knowing limits on out-of-network services helps control costs

Telehealth from AZ Blue

Employees can visit with a doctor, counselor, or psychiatrist any day, anytime, anywhere—from their smartphone, computer, or tablet using **Telehealth from AZ Blue.** Telehealth services are integrated into the medical plan benefits as copays for PPO plans and are subject to deductible and coinsurance for HSA-qualified PPO plans. Counseling and psychiatry services are not included for HSA-qualified PPO plans. See page 19 for additional details.

All plans offer coverage for most common healthcare needs, such as:

- Doctor visits
- Prescriptions
- Urgent care and ER visits
- Virtual visits using Telehealth from AZ Blue[2]
- Surgeries
- Preventive care at $0 out-of-pocket cost from in-network providers

PPO AND HSA-QUALIFIED PLANS

- A wide selection of primary care providers (PCPs) and specialists
- No requirement to have an assigned PCP or get referrals before seeing a specialist
- Access to healthcare when traveling or vacationing out of state with the BlueCard® network
- Out-of-network care covered, but at a higher cost

[1] Mayo Clinic networks access is a buy-up option for Statewide plans only.
[2] Virtual visits do not provide emergency care. In an identified or probable emergency, the virtual visit provider will direct the patient to seek emergency care.

2027 VCTA CHOICES

Prosano Health Plans

BlueSignature℠ Prosano® PPO

- Gives exclusive access to Prosano Health Care Centers for affordable, convenient, and personalized care
- In-person and virtual services at Prosano Health Care Centers are included in the premium
- Most in-network services performed outside of Prosano Health Care Centers are subject to deductible and coinsurance
- In-network PCP and specialist services outside of Prosano offered at $75 and $100 copays
- Available networks: Statewide/National PPO + Prosano, AllianceConnect PPO + Prosano

AZ Blue HSA Prosano® Saver

- Gives exclusive access to Prosano Health Care Centers for affordable, convenient, and personalized care
- Tax advantages as a qualified high-deductible PPO plan that is paired with a health savings account (HSA)
- Gives employees control over their healthcare decisions
- Virtual visits with a Prosano Health provider are included in the premium
- Available networks: Statewide/National PPO + Prosano or AllianceConnect PPO + Prosano

PPO Plans

PPO

- Variety of deductibles and coinsurance options
- Convenient copay structure for many in-network covered services
- Higher deductible options
- Available networks: Statewide/National PPO or AllianceConnect PPO

HSA-Qualified Plans

- Tax advantages as a qualified high-deductible PPO plan that can be paired with a health savings account (HSA)
- Gives employees control over their healthcare decisions
- Available networks: Statewide/National PPO or AllianceConnect PPO

NETWORKS & PROVIDER AFFILIATIONS

Statewide/National PPO—Affiliations statewide

Statewide/National PPO + Prosano*—Affiliations statewide and Prosano Health Care Centers

AllianceConnect PPO (Maricopa, Pima, and Pinal counties)—Banner Health, HonorHealth, Tucson Medical Center, and Northwest Medical Center

AllianceConnect PPO + Prosano* (Maricopa, Pima, and Pinal counties)—Banner Health, HonorHealth, Prosano Health Care Centers, Tucson Medical Center, and Northwest Medical Center

[1]Virtual visits do not provide emergency care. In an identified or probable emergency, the virtual visit provider will direct the patient to seek emergency care.

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Introducing coverage **with care built in.**

Prosano Health plans by AZ Blue

AZ Blue does more than pay for care—we help deliver it. That is why we created Prosano Health plans by AZ Blue. They connect you to a new kind of healthcare experience, where coverage and care work as a team so they work better for you.

Exclusive access to our Prosano Health Care Centers

Personalized care from Prosano Health providers

10 convenient locations plus a large provider network

Getting personalized care has never been easier

Your Prosano Health plan by AZ Blue gives you exclusive access to our Care Centers for primary and sick care, short-term counseling, chronic condition support, and more, all under one roof.

- **Doctors who get to know you**
- **Online scheduling**
- **In-person and virtual visits**
- **Same- or next-day care when you need it fast[1]**
- **Longer visits when you want more time**
- **Chronic condition support**
- **Short-term counseling**
- **On-site labs[2]**
- **On-site Rx at some locations[3]**
- **After-hours triage calls**

azblue.com/prosanoplans

1. Availability may vary by location and provider. 2. Basic primary care laboratory testing panels. 3. Prescription copayments apply as specified in your benefit plan. May not be available at all locations.

Prosano Health Services*

Preventive and Wellness

Your advanced primary care team looks to identify health issues early on and will work with you to develop the right treatment plan. For patients 5 & up.

- **Routine wellness exams**
- **Health screenings and sports physicals**
- **Well woman exams**
- **Immunizations**

Sick Care for All Ages

When you do not feel well, you can count on the team at Prosano Health to see you and help you feel better.

- **Cough, cold, and flu**
- **Stomach pain**
- **Rashes and infections**
- **Muscle and joint pain**

Behavioral Health

Need to talk to someone? We can provide short-term counseling to help you through difficult times.

- **Grief/bereavement**
- **Emotional wellness strategies**
- **Mild to moderate anxiety and depression**
- **Medication management in partnership with your primary care physician**

Chronic Health Conditions

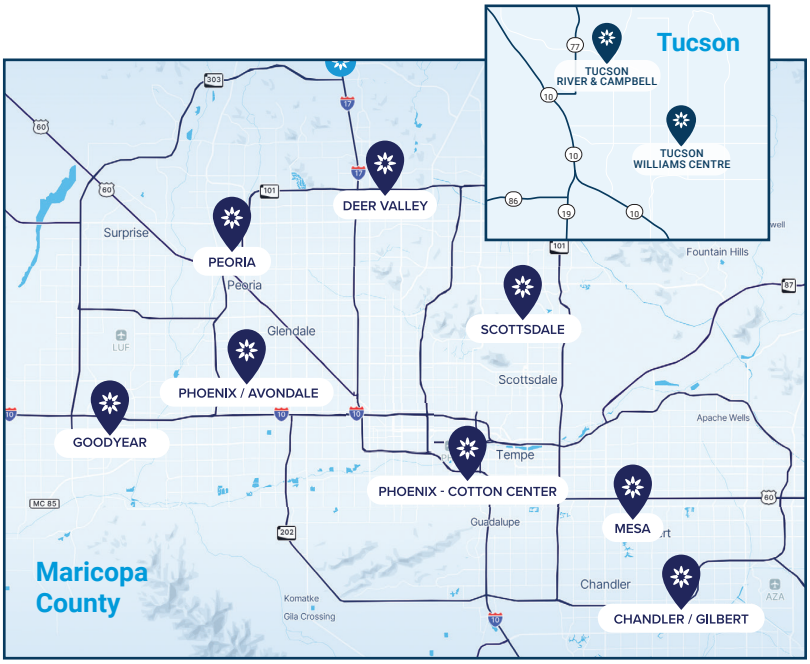
High-quality chronic condition management is one of the core strengths of our care team.

- **Diabetes**
- **Asthma**
- **High blood pressure**
- **High cholesterol**
- **Lifestyle medicine and weight management**

*Most services are available across the state virtually.

Care Center Locations

Prosano Health Care Centers are conveniently located across Maricopa and Pima counties.



Chandler/Gilbert
3530 S. Val Vista Dr.
Ste. B105
Gilbert, AZ 85297

Deer Valley
19810 N. 7th Ave.
Ste. 150
Phoenix, AZ 85027

Goodyear
1360 N. Bullard Ave.
Ste. 102
Goodyear, AZ 85395

Mesa
1910 S. Stapley Dr.
Ste. 101
Mesa, AZ 85204

Peoria
9000 W. Thunderbird Rd.
Ste. 110
Peoria, AZ 85381

Phoenix/Avondale
9321 W. Thomas Rd.
Ste. 420
Phoenix, AZ 85037

Phoenix – Cotton Center
4039 E. Raymond St.
Phoenix, AZ 85040

Scottsdale
7373 N. Scottsdale Rd.
Ste. A178
Scottsdale, AZ 85253

Tucson: River & Campbell
1790 E. River Rd.
Ste. 200
Tucson, AZ 85718

Tucson: Williams Centre
5210 E. Williams Cir.
Ste. 120
Tucson, AZ 85711

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Blue Cross, Blue Shield, and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Prosano Health is a registered service mark of Prosano Health Solutions, Inc.

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BlueSignature Prosano

PROSANO HEALTH

	$1,000 (80%/50%)	$2,500 (80%/50%)	$5,000 (80%/50%)	$7,000 (70%/50%)
Overall Deductible	$1,000/member and $2,000/family **Deductible waived for services at Prosano Health**	$2,500/member and $5,000/family **Deductible waived for services at Prosano Health**	$5,000/member and $10,000/family **Deductible waived for services at Prosano Health**	$7,000/member and $14,000/family **Deductible waived for services at Prosano Health**
Provider Networks Available	Statewide/National PPO + Prosano AllianceConnect PPO + Prosano	Statewide/National PPO + Prosano AllianceConnect PPO + Prosano	Statewide/National PPO + Prosano AllianceConnect PPO + Prosano	Statewide/National PPO + Prosano AllianceConnect PPO + Prosano
Coinsurance (Member)	20%	20%	20%	30%
Out-of-Pocket Maximum	$5,000/member and $10,000/family	$6,500/member and $13,000/family	$7,500/member and $15,000/family	$8,500/member and $17,000/family
Primary Care (PCP) Visit	**Prosano Health: No charge, deductible does not apply** Non-Prosano PCP: $75	**Prosano Health: No charge, deductible does not apply** Non-Prosano PCP: $75	**Prosano Health: No charge, deductible does not apply** Non-Prosano PCP: $75	**Prosano Health: No charge, deductible does not apply** Non-Prosano PCP: $75
Specialist Visit	$100	$100	$100	$100
Urgent Care Visit	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Preventive Services	No charge	No charge	No charge	No charge
Prescription Drugs:				
Tier 1	$15 copay	$15 copay	$15 copay	$15 copay
Tier 2	$55 copay	$55 copay	$55 copay	$55 copay
Tier 3	$85 copay	$85 copay	$85 copay	$85 copay
Tier 4	$150 copay	$150 copay	$150 copay	$150 copay
Surgery (Inpatient/Outpatient)	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Emergency Room Visit	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Telehealth				
Medical Visit	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge
Counseling Visit	**Prosano Health: No charge** Telehealth from AZ Blue: $20	**Prosano Health: No charge** Telehealth from AZ Blue: $20	**Prosano Health: No charge** Telehealth from AZ Blue: $20	**Prosano Health: No charge** Telehealth from AZ Blue: $20
Psychiatric Visit	Telehealth from AZ Blue: $45	Telehealth from AZ Blue: $45	Telehealth from AZ Blue: $45	Telehealth from AZ Blue: $45

In-person and virtual services at Prosano Health Care Centers are provided at no cost. Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 15.

AZ BLUE HSA PROSANO SAVER

PROSANO HEALTH

	$3,500 (80%/50%)	$4,500 (80%/50%)	$6,000 (70%/50%)	$4,000 (100%/50%)	$7,900 (100%/50%)
Overall Deductible	$3,500/member $7,000/family	$4,500/member $9,000/family	$6,000/member $12,000/family	$4,000/member $8,000/family	$7,900/member $15,800/family
Provider Networks Available	Statewide/National PPO + Prosano AllianceConnect PPO + Prosano	Statewide/National PPO + Prosano AllianceConnect PPO + Prosano	Statewide/National PPO + Prosano AllianceConnect PPO + Prosano	Statewide/National PPO + Prosano AllianceConnect PPO + Prosano	Statewide/National PPO + Prosano AllianceConnect PPO + Prosano
Coinsurance (Member)	20%	20%	30%	0%	0%
Out-of-Pocket Maximum	$6,000/member $12,000/family	$6,500/member $13,000/family	$7,500/member $15,000/family	$4,000/member $8,000/family	$7,900/member $15,800/family
Primary Care (PCP) Visit	**Prosano Health: No charge after deductible** Non-Prosano PCP: 20% after deductible	**Prosano Health: No charge after deductible** Non-Prosano PCP: 20% after deductible	**Prosano Health: No charge after deductible** Non-Prosano PCP: 30% after deductible	**Prosano Health: No charge after deductible** Non-Prosano PCP: No charge after deductible	**Prosano Health: No charge after deductible** Non-Prosano PCP: No charge after deductible
Specialist Visit	20% after deductible	20% after deductible	30% after deductible	No charge after deductible	No charge after deductible
Urgent Care	20% after deductible	20% after deductible	30% after deductible	No charge after deductible	No charge after deductible
Preventive Services	No charge	No charge	No charge	No charge	No charge
Prescription Drugs	20% after deductible	20% after deductible	30% after deductible	No charge after deductible	No charge after deductible
Emergency Room Visit	20% after deductible	20% after deductible	30% after deductible	No charge after deductible	No charge after deductible
Emergency Transportation/ Ambulance	20% after deductible	20% after deductible	30% after deductible	No charge after deductible	No charge after deductible
Telehealth					
Medical Visit	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge
Counseling Visit	**Prosano Health: No charge** Telehealth from AZ Blue: 20% after deductible	**Prosano Health: No charge** Telehealth from AZ Blue: 20% after deductible	**Prosano Health: No charge** Telehealth from AZ Blue: 30% after deductible	**Prosano Health: No charge** Telehealth from AZ Blue: No charge after deductible	**Prosano Health: No charge** Telehealth from AZ Blue: No charge after deductible
Psychiatric Visit	Telehealth from AZ Blue: 20% after deductible	Telehealth from AZ Blue: 20% after deductible	Telehealth from AZ Blue: 30% after deductible	Telehealth from AZ Blue: No charge after deductible	Telehealth from AZ Blue: No charge after deductible

This is only a brief summary of the benefit plans and is designed to help compare features of different plans. More detailed information about benefits, cost share, exclusions, and limitations is in the benefit plan booklets and plan Summary of Benefits and Coverage (SBC), which are available on request. If the terms of this summary differ from the terms of the benefit plan booklets, the terms of the booklets control and apply. Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. All plans are subject to the exclusions and limitations on page 15.

VCTA PPO MEDICAL PLANS

	$4,000 (50%/50%)	$6,000 (50%/50%)	$7,500 (50%/50%)	$500 (80%/50%)	$750 (80%/50%)	$1,000 (80%/50%)
Overall Deductible	$4,000/member $8,000/family	$6,000/member $12,000/family	$7,500/member $15,000/family	$500/member $1,000/family	$750/member $1,500/family	$1,000/member $2,000/family
Provider Networks Available	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO
Coinsurance (Member)	50%	50%	50%	20%	20%	20%
Out-of-Pocket Maximum	$7,000/member $14,000/family	$7,500/member $15,000/family	$8,000/member $16,000/family	$4,500/member $9,000/family	$4,750/member $9,500/family	$5,000/member $10,000/family
Primary Care (PCP) Visit	$35	$35	$35	$25	$25	$25
Specialist Visit	$75	$75	$75	$60	$60	$60
Urgent Care	$75	$75	$75	$60	$60	$60
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs 1 / 2 / 3 / 4	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150
Emergency Room Visit	$600	$600	$600	$500	$500	$500
Emergency Transportation/ Ambulance	50% after deductible	50% after deductible	50% after deductible	20% after deductible	20% after deductible	20% after deductible
Telehealth from AZ Blue						
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	$20	$20	$20	$20	$20	$20
Psychiatric Visit	$45	$45	$45	$45	$45	$45

This is only a brief summary of the benefit plans and is designed to help compare features of different plans. More detailed information about benefits, cost share, exclusions, and limitations is in the benefit plan booklets and plan Summary of Benefits and Coverage (SBC), which are available on request. If the terms of this summary differ from the terms of the benefit plan booklets, the terms of the booklets control and apply. Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 15.

VCTA PPO MEDICAL PLANS

	$1,500 (80%/50%)	$2,000 (80%/50%)	$2,500 (80%/50%)	$3,000 (80%/50%)	$4,000 (80%/50%)	$5,000 (80%/50%)	$6,000 (80%/50%)
Overall Deductible	$1,500/member $3,000/family	$2,000/member $4,000/family	$2,500/member $5,000/family	$3,000/member $6,000/family	$4,000/member $8,000/family	$5,000/member $10,000/family	$6,000/member $12,000/family
Provider Networks Available	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO
Coinsurance (Member)	20%	20%	20%	20%	20%	20%	20%
Out-of-Pocket Maximum	$5,500/member $10,000/family	$6,000/member $11,000/family	$6,350/member $12,700/family	$6,350/member $12,700/family	$6,500/member $13,000/family	$7,000/member $14,000/family	$7,500/member $15,000/family
Primary Care (PCP) Visit	$25	$30	$30	$30	$35	$35	$35
Specialist Visit	$60	$60	$60	$60	$75	$75	$75
Urgent Care	$60	$60	$60	$60	$75	$75	$75
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs 1 / 2 / 3 / 4	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150
Emergency Room Visit	$500	$500	$500	$500	$600	$600	$600
Emergency Transportation/ Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Telehealth from AZ Blue							
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	$20	$20	$20	$20	$20	$20	$20
Psychiatric Visit	$45	$45	$45	$45	$45	$45	$45

This is only a brief summary of the benefit plans and is designed to help compare features of different plans. More detailed information about benefits, cost share, exclusions, and limitations is in the benefit plan booklets and plan Summary of Benefits and Coverage (SBC), which are available on request. If the terms of this summary differ from the terms of the benefit plan booklets, the terms of the booklets control and apply. Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 15.

VCTA PPO MEDICAL PLANS

	$1,000 (70%/50%)	$2,000 (70%/50%)	$3,000 (70%/50%)	$4,000 (70%/50%)	$5,000 (70%/50%)	$6,000 (70%/50%)	$7,500 (70%/50%)
Overall Deductible	$1,000/member $2,000/family	$2,000/member $4,000/family	$3,000/member $6,000/family	$4,000/member $8,000/family	$5,000/member $10,000/family	$6,000/member $12,000/family	$7,500/member $15,000/family
Provider Networks Available	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO
Coinsurance (Member)	30%	30%	30%	30%	30%	30%	30%
Out-of-Pocket Maximum	$7,000/member $14,000/family	$7,000/member $14,000/family	$7,000/member $14,000/family	$7,000/member $14,000/family	$7,000/member $14,000/family	$7,500/member $15,000/family	$8,000/member $16,000/family
Primary Care (PCP) Visit	$25	$30	$30	$35	$35	$35	$35
Specialist Visit	$60	$60	$60	$75	$75	$75	$75
Urgent Care	$60	$60	$60	$75	$75	$75	$75
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs 1 / 2 / 3 / 4	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150	$15 / $55 / $85 / $150
Emergency Room Visit	$500	$550	$550	$600	$600	$600	$600
Emergency Transportation/ Ambulance	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Telehealth from AZ Blue							
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	$20	$20	$20	$20	$20	$20	$20
Psychiatric Visit	$45	$45	$45	$45	$45	$45	$45

This is only a brief summary of the benefit plans and is designed to help compare features of different plans. More detailed information about benefits, cost share, exclusions, and limitations is in the benefit plan booklets and plan Summary of Benefits and Coverage (SBC), which are available on request. If the terms of this summary differ from the terms of the benefit plan booklets, the terms of the booklets control and apply. Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 15.

VCTA PPO HSA PLANS

	$1,750* (80%/50%)	$3,500 (80%/50%)	$4,500 (80%/50%)	$6,000 (70%/50%)	$4,000 (100%/50%)	$7,900 (100%/50%)
Overall Deductible	$1,750/member $3,500/family	$3,500/member $7,000/family	$4,500/member $9,000/family	$6,000/member $12,000/family	$4,000/member $8,000/family	$7,900/member $15,800/family
Provider Networks Available	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO	Statewide/ National PPO AllianceConnect PPO
Coinsurance (Member)	20%	20%	20%	30%	0%	0%
Out-of-Pocket Maximum	$5,000/member $10,000/family	$6,000/member $12,000/family	$6,500/member $13,000/family	$7,500/member $15,000/family	$4,000/member $8,000/family	$7,900/member $15,800/family
Primary Care (PCP) Visit	20% after deductible	20% after deductible	20% after deductible	30% after deductible	No charge after deductible	No charge after deductible
Specialist Visit	20% after deductible	20% after deductible	20% after deductible	30% after deductible	No charge after deductible	No charge after deductible
Urgent Care	20% after deductible	20% after deductible	20% after deductible	30% after deductible	No charge after deductible	No charge after deductible
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs 1 / 2 / 3 / 4	20% after deductible	20% after deductible	20% after deductible	30% after deductible	No charge after deductible	No charge after deductible
Emergency Room Visit	20% after deductible	20% after deductible	20% after deductible	30% after deductible	No charge after deductible	No charge after deductible
Emergency Transportation/ Ambulance	20% after deductible	20% after deductible	20% after deductible	30% after deductible	No charge after deductible	No charge after deductible
Telehealth from AZ Blue						
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	20% after deductible	20% after deductible	20% after deductible	30% after deductible	No charge after deductible	No charge after deductible
Psychiatric Visit	20% after deductible	20% after deductible	20% after deductible	30% after deductible	No charge after deductible	No charge after deductible

*The member deductible applies only to an individual or self-only plan purchase. A member with any covered dependent(s) must meet the family deductible. The family deductible must be met by one or more of the covered members before coinsurance applies.

This is only a brief summary of the benefit plans and is designed to help compare features of different plans. More detailed information about benefits, cost share, exclusions, and limitations is in the benefit plan booklets and plan Summary of Benefits and Coverage (SBC), which are available on request. If the terms of this summary differ from the terms of the benefit plan booklets, the terms of the booklets control and apply. Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. All plans are subject to the exclusions and limitations on page 15.

HELPFUL TERMS AND DEFINITIONS

Allowed Amount

The amount AZ Blue has agreed to pay for a covered service. The allowed amount includes both the AZ Blue payment and your cost share. Example: A doctor may normally charge $100 for a particular service. But he has an agreement with your plan to accept only $80 as reimbursement for that service. $80 is the "allowed amount." The allowed amount includes any amount paid by the plan, plus any amount the member pays as a cost share, including copays and deductibles.

Balance Bill

This is the difference between the AZ Blue allowed amount and a non-contracted provider's billed charge. Non-contracted providers have no obligation to accept the allowed amount, with the exception of emergency and ancillary services provided in an in-network facility. Any amounts paid for balance bills do not count toward any deductible, coinsurance, or out-of-pocket limit.

Business Size Definitions

These plans are offered to employers who are members of AZTC and are considered large for purposes of the Affordable Care Act (ACA)—the average number of total employees on business days during the previous calendar year is 2 or more.

Emergency Services

For emergency services, members will pay their in-network cost share, even if services are received from out-of-network providers. Also, out-of-network providers can't balance bill for the difference between the allowed amount and the billed charge.

Out-of-Pocket Costs

These are expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services, plus all costs for services that aren't covered. Not all out-of-pocket expenses are applied to the plan's maximum out-of-pocket benefit.

Prior Authorization

Some services and medications require prior authorization (sometimes referred to as precertification). Except for emergencies, urgent care, and maternity admissions, prior authorization is always required for inpatient admissions (acute care, behavioral health, long-term acute care, extended active rehabilitation, and skilled nursing facilities), home health services, and most specialty medications. Prior authorization may be required for other covered services and medications.

Prescriptions and Medications

AZ Blue applies limitations to certain prescription medications obtained through the pharmacy benefit. A complete formulary of covered medications and limitations is available online at **azblue.com/pharmacy** or by calling AZ Blue. These limitations include, but are not limited to, prior authorization, quantity, age, gender, dosage, and frequency of refill limitations. Plans are also subject to:

- A step therapy program that requires members to take preferred products, including but not limited to the generic version of certain medications, before AZ Blue and/or the pharmacy benefit manager will consider coverage of the brand-name version of that medication
- A preferred generics program. This means that when a member or provider selects a brand product when a generic product is available, the member will be responsible for their copay and any applicable deductible plus the cost difference between the brand and generic product. Exceptions are made only when the member is approved for the brand-name medication through the step therapy program or if AZ Blue prefers the brand product over the generic product. No additional exceptions to this cost-sharing amount will be made.

AZ Blue prescription medication limitations are subject to change at any time without prior notice.

MEDICAL EXCLUSIONS AND LIMITATIONS

Excluded Services & Other Covered Services:

Services these plans generally do NOT cover. (Check the policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Care that is not medically necessary
- Cosmetic surgery, cosmetic services, and supplies
- Custodial care
- Dental care, except as stated in plan
- Durable medical equipment (DME) rental/repair charges that exceed DME purchase price
- Experimental and investigational treatments, except as stated in plan
- Eyewear, except as stated in plan
- Fertility and infertility medication and treatment
- Flat feet treatment and services
- Genetic and chromosomal testing, except as stated in plan
- Habilitation services, except certain autism services
- Hearing aids
- Home healthcare and infusion therapy exceeding 42 visits (of up to 4 hours) / calendar year
- Homeopathic services
- Inpatient extended active rehabilitation facility (EAR) treatment exceeding 120 days per calendar year and inpatient skilled nursing facility (SNF) treatment exceeding 180 days per calendar year
- Long-term care, except long-term acute care up to a 365-day benefit plan maximum
- Massage therapy other than allowed under evidence-based criteria
- Naturopathic services
- Out-of-network mail order and out-of-network Specialty drugs
- Private-duty nursing
- Respite care, except as stated in plan
- Routine foot care
- Routine vision exams
- Sexual dysfunction treatment and services
- Weight-loss programs

Other covered services. (Limitations may apply to these services. This is not a complete list. Please see the plan document.)

- Bariatric surgery
- Chiropractic care
- Non-emergency care when traveling outside the U.S.

COMPLETE THE PICTURE OF GOOD HEALTH

Easy, Affordable, Comprehensive Dental Plans

BlueDental℠ plans come in a variety of price points to fit your budget. Here's a look at the ways BlueDental can help make your dental health a priority.

- Covers 100% of preventive and diagnostic services with no cost to the member[1]
- Lets members roll over some unused annual maximum benefits into the next plan year[1]
- Covers preventive annual cleanings
- Includes a variety of covered services, from regular exams and cleanings to crowns and implants[1]
- Members can manage their health and dental plans on our convenient member portal

Advantages of BlueDental

BlueDental PPO

- Network: almost 8,000 access points in Arizona and over 300,000 nationwide
- Affordable coinsurance coverage for preventive, basic, and major services
- Out-of-network coverage
- Incentives on Optimum plans to get two checkups and cleanings in a plan year[1]
- Composite (white or tooth-colored) fillings on all teeth and implant services
- Maximum rollover and a 24-month rate guarantee provide long-term benefits and value
- One additional cleaning for members with diabetes and women who are expecting
- Orthodontic coverage[1]

BlueDental DHMO

- BlueDental DHMO providers are mainly located in Maricopa and Pima counties in Arizona
- Members know exact copay amount for each covered service
- Unlimited annual benefits
- In-network coverage only
- No deductibles
- Orthodontic discounts
- Composite (white or tooth-colored) fillings on all teeth and implant services
- Discounts on certain cosmetic services like teeth whitening

[1] Limitations, exclusions, and frequency limits apply. Not all plans cover all services.

VCTA Dental Plans

	BlueDental℠ Value Series				BlueDental Optimum Series		
	BlueDental PPO Plans			BlueDental DHMO Plans	BlueDental PPO Plans		
	PPO 50-1000 A V	PPO 50-1500 A V	PPO 50-1000 A90 V	DHMO High	PPO 50-1500 A2 O	PPO 25-2000 A2 O with 1500 Adult and Child Ortho	PPO 50-1500 P290 O
Funding Arrangement	Employer paid	Employer paid	Employer paid	Employer paid	Employer paid	Employer paid	Employer paid
Plan Type	PPO	PPO	PPO	DHMO	PPO	PPO	PPO
Annual Maximum Benefit (In-Network/ Out-of-Network)	$1,000	$1,500	$1,000	Unlimited	$1,500	$2,000	$1,500
Deductible (Single/Family)	$50/$150	$50/$150	$50/$150	None	$50/$150	$25/$75	$50/$150
In-Network (Preventive/ Basic/Major)	100/80/50	100/80/50	100/80/50	Copay schedule	100/80/50	100/90/60	100/80/50
Out-of-Network (Preventive/ Basic/Major)	80/60/40	80/60/40	80/60/40	None (emergency only)	80/60/40	80/70/40	100/80/50
Out-of-Network Reimbursement	Maximum allowable charge	Maximum allowable charge	90th UCR	None	Maximum allowable charge	Maximum allowable charge	90th UCR

In-network services available through the BlueDental network. A listing of providers in the BlueDental network can be found at azblue.com.
All per-year benefits mean per calendar year. Only the allowed amount, as based on least expensive available treatment (LEAT), if applicable (and not billed charges), counts to satisfy the deductible. There may be several methods for treating a specific dental condition. All claims for restorative services such as fillings and crowns are subject to analysis for the least expensive available treatment (LEAT). Benefits for restorative procedures will be limited to the LEAT only. For these procedures, AZ Blue will pay benefits only up to the LEAT fee. Members may elect to receive a service that is more costly than the LEAT, but the member will be responsible for cost share based on the LEAT, and will also pay the difference between the fee for the LEAT and the more costly treatment (LEAT balance bill). Any payment made for this LEAT balance bill will not count toward the deductible or out-of-pocket maximum. Detailed information about benefits, exclusions, and limitations is in the Dental Benefit Book or rider and is available prior to enrollment upon request.

THE MEMBER EXPERIENCE

The AZ Blue Customer Service team is dedicated to providing members with solutions quickly and accurately.

Our concierge model of customer care delivers a one-and-done solution, which means customer service representatives handle benefit-related calls and inquiries about claims.

Claims and Customer Service

- Provide help navigating the healthcare system
- Serve all members, regardless of resident state
- Are local, with Arizona-based call centers
- Offer direct access to qualified Spanish-speaking staff
- Provide assistance in over 140 languages (via translated services)
- Have experienced staff with an average tenure of 5.6 years[1]

- **Customer care first call resolution:** 73.6%
- **Customer care average speed to answer:** 31 seconds
- Our standard service hours are 8 a.m. to 5 p.m. (Arizona time)

[1] AZ Blue internal data, 2025

MEMBER ENGAGEMENT TOOLS AND RESOURCES

We have the tools and resources available for members to make educated decisions on their healthcare choices. Members can access all of the following by logging in to the member portal at **azblue.com**/member. Members can access their online AZ Blue member account through a mobile device, desktop, or tablet.

Find a Doctor:
Easily find a provider, hospital, or lab in a plan's network with this online tool.

Spending Accounts:
Integrates with the member portal for easy administration of funds.

Claims & Spending:
Check claims status and deductible details all in one place.

Telehealth:
Virtual visits with providers–anytime, anywhere–can be made using the **Telehealth from AZ Blue** service.

Pharmacy Tools:
Allows for quick searches of medications, verifications of special authorization requirements, and checks for quantity limits through the formulary drug search. Medication home delivery requests can be submitted and tracked by signing in to the **AZ Blue portal** account at **azblue.com**/member and clicking the **Pharmacy** link.

Discount Program:
Discounts are available through Blue365® on national brands for fitness gear, wearables, gym memberships, healthy eating options, and more.

Care Cost Estimator:
More than 1,600 procedures, including common surgeries and diagnostic services, are accessible for cost estimating and comparison.

TELEHEALTH SERVICES

Nurse On Call

Members can connect with a nurse 24/7 to get answers to questions about symptoms they are experiencing, minor illnesses and injuries, medical tests, or preventive care, as well as suggestions for next steps based on their situation.[1]

Telehealth from AZ Blue

Members can connect to board-certified doctors and healthcare professionals by live video for urgent medical care, counseling, and psychiatry sessions. The Telehealth from AZ Blue service is available any day, any time—from a computer, tablet, or mobile device.

Medical

Board-certified doctors and healthcare professionals provide immediate care for a range of common illnesses, aches, and pains, and can prescribe medication.

Counseling

Licensed psychologists or counselors are available to treat issues—such as mental health and substance use—that can affect emotional, psychological, and social well-being.
By appointment only.

Psychiatry

Board-certified psychiatrists are available for assessments, evaluation, and treatment, and can prescribe medication.
By appointment only.

Accessible in the member portal by logging in to **azblue.com**/member, clicking **Find Care,** and selecting **Telehealth.**

Call 911 in an emergency.

[1]AZ Blue members should always consult with their healthcare provider about medical care or treatment. Recommendations, advice, services, or online resources are not a substitute for the advice, opinion, or recommendation of a healthcare provider.

HEALTH AND WELLNESS

AZ Blue has partnered with Sharecare to bring employers a truly differentiated digital health and wellness experience. Available at no additional cost, Sharecare helps our members manage all their health in one place–no matter where they are on their journey. Members can access their accounts at **azblue.sharecare.com,** by downloading the Sharecare app, or through the member portal by logging in to **azblue.com**/member, clicking on **Health and Wellness,** and selecting **Sharecare.**

RealAge Test

How old are you–really? Sharecare's RealAge® Test is a scientifically based assessment that shows the true age of the body you're living in based on your behaviors and existing conditions.

Personalized Timeline

Once the RealAge Test is completed, members will receive personalized and relevant wellness tips, actionable recommendations to improve their RealAge, videos, and more.

Guided Programs

Members have access to short, guided programs to help boost their mental strength, follow along with quick workouts, improve sleep, and much more.

Unwinding

Unwinding is an evidence-based, digital program based on mindfulness helping members reduce stress, build resilience, and improve mental well-being. Unwinding offers on-demand, in-the-moment tools to ease stress throughout the day. This is a program for anyone dealing with mild to moderate stress who wants simple but effective tools to manage their stress.

Sharecare is an independent company contracted to provide this online program and/or services for AZ Blue. Information provided by Sharecare is not a substitute for the advice or recommendations of a healthcare provider. RealAge and Sharecare are registered trademarks of Sharecare, Inc.

CARE MANAGEMENT

AZ Blue's programs support the patient/provider relationship and enhance the overall healthcare experience for our members. When we help members better manage their health, they can more effectively manage their daily activities, be more productive at work, and reduce healthcare costs.

Members can take advantage of the following programs:

Care Management

Available to members with new and ongoing conditions including, but not limited to, mental health, substance use disorders, high-risk maternity, cancer, and chronic conditions such as diabetes, asthma, chronic obstructive pulmonary disease, coronary artery disease, congestive heart failure, and chronic kidney disease, etc. Care Managers work with members, taking a holistic and person-centered approach to care coordination. They can also find health resources and provide guidance for managing their condition.

Hospital to Home

When members are transitioning home from a hospital stay, we help ensure they receive the care, medications, and equipment they need to reduce the risk of hospital readmissions. We assess the member's needs and assist with follow-up doctor and therapy appointments, medical equipment, and connections to community services. Support may include setting up medical equipment, accessing doctor-ordered care, transportation, and food to make the transition home easier.

NOTES

TO LEARN MORE

VISIT

vigilant.org/employee-benefit-plans/vcta

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