Medical Society Healthcare Trust Plan Descriptions

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

BlueCross BlueShield of Arizona Medical *Requires 2 or more employees enrolled*	Deductible (Individual/Family)	Coinsurance (In-Network|Out-of-Network)	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
100 Series | 100% Copay Plans										
PPO 100 | 5000	$5,000 | $10,000	100% | 50%	$6,500 | $13,000	$13,000 | $26,000	$30	$60	$50	NCAD(1)	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
PPO 100 | 7500	$7,500 | $15,000	100% | 50%	$8,550 | $17,100	$17,100 | $34,200	$30	$60	$50	NCAD(1)	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
80 Series | 80% Copay Plans										
PPO 80 | 500	$500 | $1,000	80% | 50%	$3,500 | $7,000	$7,000 | $14,000	$30	$60	$50	$400	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
PPO 80 | 1000	$1,000 | $2,000	80% | 50%	$4,000 | $8,000	$8,000 | $16,000	$30	$60	$50	$400	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
PPO 80 | 1500	$1,500 | $3,000	80% | 50%	$4,500 | $9,000	$9,000 | $18,000	$30	$60	$50	$400	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
PPO 80 | 2000	$2,000 | $4,000	80% | 50%	$5,000 | $10,000	$10,000 | $20,000	$30	$60	$50	$400	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
PPO 80 | 2500	$2,500 | $5,000	80% | 50%	$5,500 | $11,000	$11,000 | $22,000	$30	$60	$50	$400	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
PPO 80 | 3000	$3,000 | $6,000	80% | 50%	$6,000 | $12,000	$12,000 | $24,000	$30	$60	$50	$400	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
PPO 80 | 4500	$4,500 | $9,000	80% | 50%	$6,500 | $13,000	$13,000 | $26,000	$30	$60	$50	$400	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
PPO 80 | 6000	$6,000 | $12,000	80% | 50%	$7,000 | $14,000	$14,000 | $28,000	$30	$60	$50	$400	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
70 Series | 70% Copay Plans										
PPO 70 | 2000	$2,000 | $4,000	70% | 50%	$5,500 | $11,000	$11,000 | $22,000	$30	$60	$50	$400	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
PPO 70 | 3000	$3,000 | $6,000	70% | 50%	$6,000 | $12,000	$12,000 | $24,000	$30	$60	$50	$400	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
PPO 70 | 4500	$4,500 | $9,000	70% | 50%	$6,500 | $13,000	$13,000 | $26,000	$30	$60	$50	$400	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
PPO 70 | 6000	$6,000 | $12,000	70% | 50%	$7,500 | $15,000	$15,000 | $30,000	$30	$60	$50	$400	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
PPO 70 | 7500	$7,500 | $15,000	70% | 50%	$8,000 | $16,000	$16,000 | $32,000	$30	$60	$50	$400	$20 | $50 | $85 | $150	$70 | $120 | $200 | $250
HSA Plans										
HSA 100 | $3300	$3,300 | $6,600	100% | 50%	$3,300 | $6,600	$6,600 | $13,200	Covered in full after deductible					
HSA 100 | $5000	$5,000 | $10,000	100% | 50%	$5,000 | $10,000	$10,000 | $20,000	Covered in full after deductible					
HSA 100 | $7900	$7,900 | $15,800	100% | 50%	$7,900 | $15,800	$15,800 | $31,600	Covered in full after deductible					
HSA 80 | $1700	$1,700 | $3,400	80% | 50%	$4,500 | $9,000	$9,000 | $18,000	80%	80%	80%	80%	80%	80%
HSA 80 | $3300	$3,300 | $6,600	80% | 50%	$6,000 | $12,000	$12,000 | $24,000	80%	80%	80%	80%	80%	80%

All Medical Plans Available on Statewide, Alliance and PimaConnect Networks

Plan Combinations: Groups may select up to 4 plans with no minimum enrollment per plan.
(1) No Charge After Deductible

Equitable - Employee Life + AD&D *Enrollment Must Match Medical*	
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 (Live birth to 14 days: $500)	1 plan available

VSP Vision *Enrollment Must Match Medical*	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.

BlueDental | Value & Optimum Series *Requires 2 or more employees enrolled, uncommon enrollment allowed, available as Employer Paid or Voluntary.*	Deductible (Individual/Family)	Coinsurance		Endo/Perio/Oral Surgery	Calendar Year Maximum	OON Reimbursement	
		In-Network	Out-Of-Network				
Value Series							
DHMO High	$0 | $0	N/A	N/A	N/A	N/A	N/A	
PPO 50-1000 A V	$50 | $150	100% | 80% | 50%	80% | 60% | 40%	Type 3	$1,000	MAC	
PPO 50-1500 A V	$50 | $150	100% | 80% | 50%	80% | 60% | 40%	Type 3	$1,500	MAC	
Optimum Series							
PPO 50-1500 A2 O	$50 | $150	100% | 80% | 50%	80% | 60% | 40%	Type 2	$1,500	MAC	
PPO 25-2000 A2 O + $1,500 Adult and Child Ortho	$25 | $75	100% | 90% | 60%	80% | 70% | 40%	Type 2	$2,000	MAC	

Dental Dual Choice: Groups of 10 or more enrolled employees may select up to 2 dental plans with a minimum of 2 employees enrolled per plan.

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