



Medical Society Healthcare Trust Plan Descriptions

All Lines of Coverage

For Effective Dates 1/1/2026 to 12/1/2026

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 ₁₀₀	\$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 ₁₀₀	\$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 \$3400	\$3,400 \$6,800	100% 50%	\$3,400 \$6,800	\$6,800 \$13,600	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 \$3400	\$3,400 \$6,800	80% 50%	\$6,000 \$12,000	\$12,000 \$24,000	80%	80%	80%	80%	80%	80%	
HSA 70 \$6000	\$6,000 \$12,000	70% 50%	\$7,500 \$15,000	\$15,000 \$30,000	70%	70%	70%	70%	70%	70%	
Blue Signature Prosano Plans - NEW!											
PPO 80 1000	\$1,000 \$2,000	80% 50%	\$5,000 \$10,000	\$10,000 \$20,000	\$75	\$100	80%	80%	\$20 \$50 \$85 \$150	\$70 \$120 \$200 \$250	
PPO 80 2500	\$2,500 \$5,000	80% 50%	\$6,500 \$13,000	\$13,000 \$26,000	\$75	\$100	80%	80%	\$20 \$50 \$85 \$150	\$70 \$120 \$200 \$250	
PPO 80 5000	\$5,000 \$10,000	80% 50%	\$7,500 \$15,000	\$15,000 \$30,000	\$75	\$100	80%	80%	\$20 \$50 \$85 \$150	\$70 \$120 \$200 \$250	
PPO 70 7000	\$7,000 \$14,000	70% 50%	\$8,500 \$17,000	\$17,000 \$34,000	\$75	\$100	70%	70%	\$20 \$50 \$85 \$150	\$70 \$120 \$200 \$250	

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.

For groups choosing multiple non-Prosano plans on the Statewide network, a Statewide with Mayo plan may not be combined with a Statewide without Mayo plan. **Exception: Any Prosano plan may be combined with a Statewide Mayo plan.**

(1) No Charge After Deductible

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 (Live birth to 14 days: \$500)	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.

BlueDental Value & Optimum Series <i>Requires 2 or more employees enrolled, uncommon enrollment allowed, available as Employer Paid or Voluntary.</i>	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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