CAWA Arizona Health Trust Plan Descriptions

All Lines of Coverage

For Effective Dates 7/1/2019 to 12/1/2019

BlueCross BlueShield of Arizona Medical *(Requires 2 or more employees enrolled)*	Deductible (Individual/Family)	Coinsurance (In-Network|Out-of-Network)	Out of Pocket Max (Individual/Family)	Office Visit Copay	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 | $75 | $130	$60 | $110 | $160 | $210
PPO 80 | 750	$750 | $1,500	80% | 50%	$4,750 | $9,500	$25 | $50	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
PPO 80 | 1000	$1,000 | $2,000	80% | 50%	$5,000 | $10,000	$25 | $50	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
PPO 80 | 1500	$1,500 | $3,000	80% | 50%	$5,500 | $11,000	$25 | $50	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
PPO 80 | 2000	$2,000 | $4,000	80% | 50%	$6,000 | $12,000	$30 | $60	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
PPO 80 | 2500	$2,500 | $5,000	80% | 50%	$6,350 | $12,700	$30 | $60	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
PPO 80 | 3000	$3,000 | $6,000	80% | 50%	$6,350 | $12,700	$30 | $60	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
PPO 80 | 4000	$4,000 | $8,000	80% | 50%	$6,350 | $12,700	$35 | $75	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
PPO 80 | 5000	$5,000 | $10,000	80% | 50%	$6,350 | $12,700	$35 | $75	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
PPO 80 | 6000	$6,000 | $12,000	80% | 50%	$7,350 | $14,700	$35 | $75	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
70 Series | 70% Copay Plans						
PPO 70 | 1000	$1,000 | $2,000	70% | 50%	$6,350 | $12,700	$25 | $50	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
PPO 70 | 2000	$2,000 | $4,000	70% | 50%	$6,350 | $12,700	$30 | $60	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
PPO 70 | 3000	$3,000 | $6,000	70% | 50%	$6,350 | $12,700	$30 | $60	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
PPO 70 | 4000	$4,000 | $8,000	70% | 50%	$6,350 | $12,700	$35 | $75	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
PPO 70 | 5000	$5,000 | $10,000	70% | 50%	$6,350 | $12,700	$35 | $75	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
PPO 70 | 6000	$6,000 | $12,000	70% | 50%	$7,350 | $14,700	$35 | $75	$15 | $45 | $75 | $130	$60 | $110 | $160 | $210
HSA Plans						
HSA 80 | $1500	$1,500 | $3,000	80% | 50%	$5,000 | $10,000	$0	80% | 80% | 80%	80% | 80% | 80%
HSA 80 | $2700	$2,700 | $5,400	80% | 50%	$5,250 | $10,500	$0	80% | 80% | 80%	80% | 80% | 80%
HSA 80 | $3500	$3,500 | $7,000	80% | 50%	$5,500 | $11,000	$0	80% | 80% | 80%	80% | 80% | 80%
HSA 80 | $4500	$4,500 | $9,000	80% | 50%	$6,000 | $12,000	$0	80% | 80% | 80%	80% | 80% | 80%
HSA 100 | $6750	$6,750 | $13,500	100% | 50%	$6,750 | $13,500	$0	Covered in full after deductible	

All Medical Plans Available on Statewide & Alliance Networks

The Standard - 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	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.

BlueCross BlueShield of Arizona Dental *(Requires 5 or more employees enrolled, uncommon enrollment allowed)*	Deductible (Individual/Family)	Coinsurance		Calendar Year Maximum
		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
PPO 50-1500 AV	$50 | $150	100% | 80% | 50%	80% | 60% | 40%	$1,500
PPO 50-1500 A2O + $1000 Adult & Child Ortho	$50 | $150	100% | 80% | 50%	80% | 60% | 40%	$1,500

BlueCross BlueShield of Arizona

An Independent Licensee of the Blue Cross and Blue Shield Association

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VSP Vision care for life

TheStandard