



RETIREE BENEFITS TRUST *(non-Medicare participants)*

MEDICAL • DENTAL • VISION • AFLAC

January 1, 2023 – December 31, 2023

MEDICAL BENEFITS		<i>BlueCross BlueShield AZ</i>
PPO Network: Group # 039733		
BENEFITS	H S A 3000	COPAY 900
Calendar Year Deductible Jan 1st – Dec 31 st	\$3,000 individual \$6,000 family	\$900 individual \$1,800 family
Coinsurance after Deductible	BCBSAZ pays 100% You pay 0%	BCBSAZ pays 80% You pay 20%
Out of Pocket Maximum <i>Deductible AND copays included in maximum</i>	\$4,000 individual \$8,000 family	\$3,250 individual \$6,500 family
Preventive Services (Certain Screenings, Immunizations, Routine Physicals, Mammography)	100% coverage	100% coverage
Primary Care Office Visit	Deductible	\$25 copay
Specialist Office Visit	Deductible	\$40 copay
Virtual Office Visit / Telehealth <i>BlueCare Anywhere</i>	Deductible	\$10 copay for medical \$15 copay for counseling and psychiatry
Manipulative Treatment	Deductible	\$40 copay
Convenience Care Clinic Visit	Deductible	\$25 copay
Urgent Care Visit	Deductible	\$75 copay
Emergency Room Visit	Deductible	\$150 copay
Laboratory Services	Deductible	Deductible and 20%
Radiology Services	Deductible	Deductible and 20%
Major Diagnostic Services (MRI, CT, PET, etc.)	Deductible	Deductible and 20%
Outpatient Services	Deductible	Deductible and 20%
Inpatient Services	Deductible	Deductible and 20%
Prescriptions *	Deductible then \$5 / \$15 / \$30	\$5 / \$25 / \$40
Mail Order Prescriptions 90-day supply	2x retail cost	2x retail cost

**If you purchase a brand-name medication when a generic equivalent is available, you will pay your applicable cost share for the generic medication PLUS the difference between the generic and the brand-name medication, even if the prescribing provider indicates on the prescription that the brand-name medication should be dispensed.*



DENTAL BENEFITS

MetLife

PPO Plans: Group # 5374360

BENEFITS	PPO – LOW PLAN	PPO – HIGH PLAN
Calendar Year Deductible January 1 st – December 31 st	\$50 individual \$150 family <i>waived for preventive</i>	\$50 individual \$150 family <i>waived for preventive</i>
Annual Maximum Benefit Per Insured Person January 1 st – December 31 st	\$1,000 (includes preventive pass)	\$2,000 (includes preventive pass)
Preventive Exams, Routine Cleanings, X-rays, Space Maintainers, Fluoride (children to age 18), Sealants (children to age 19)	100%	100%
Basic Fillings, Emergency Treatment, Oral Surgery/Endodontics/Periodontics	70%	80%
Major Bridges, Partial Dentures, Complete Dentures, Bridge and Denture Repair, Implants, Crowns, Onlays	50%	60%
Out-of-Network Benefits	Refer to plan Certificate	Refer to plan Certificate
Orthodontia – Lifetime Maximum Benefit	\$1,000 (Adult and Child)	\$2,000 (Adult and Child)
Treatment including Exams, X-Rays, Appliances	50%	50%

VISION BENEFITS

Vision Service Plan (VSP)

Please visit <https://www.individualbrokervision.com/Enroll/MbrEnroll.aspx?AgtCode=VSP15674> to enroll for an individual vision benefit plan.

VOLUNTARY BENEFITS

Aflac

Accident Policy Cash benefits paid directly to you in the event of an accident 24/7
Critical Illness/Cancer Policy \$10,000 lump-sum benefit to employee if newly diagnosed with critical illness

PLEASE CONTACT DEANNA LUJAN TO ENROLL FOR THESE AFLAC BENEFITS (info below).

MONTHLY TOTAL PREMIUMS

PER MONTH	Alliance HSA 3000	Alliance Copay 900	PPO HSA 3000	PPO Copay 900	DENTAL low	DENTAL high	AFLAC Accident	AFLAC Critical Illness / Cancer
Retiree only	913.95	1,179.54	935.68	1,207.66	31.18	45.76	25.10	Rates are specific to age and tobacco usage status
Retiree + spouse	1,744.66	2,254.61	1,786.38	2,308.60	62.12	91.30	31.26	
Retiree + child(ren)	1,473.78	1,904.03	1,508.98	1,949.59	73.86	104.62	43.40	
Retiree + spouse + child(ren)	2,205.17	2,850.56	2,257.97	2,918.90	112.73	161.06	51.07	

Alliance Network is a reduced Provider listing compared to the PPO list with Blue Cross Blue Shield of AZ

Public Safety Personnel Retirement System (PSPRS) Members – premium subsidy

Retiree Only \$150.00
 Retiree and Dependents \$260.00



CONTACT INFORMATION

BlueCross BlueShield AZ	Group # 039733	602.864.4400 800.232.2345	www.azblue.com
MetLife	Group # 5374360	800.ASK.4.MET	www.metlife.com
Aflac	Deanna Lujan	480.231.9588	deanna@msinsurancellc.com
Marreel Slater Insurance	Howard Frampton Client Manager	602.802.8335 office 602.692.2911 cell	Howard@msinsurancellc.com
United AZ Firefighters Trust	Don Jongewaard	480.518.1796	djongewaard@local493.org www.pffaz.org

IMPORTANT! This is a brief summary of the benefit plans. Refer to full Benefit Certificate Booklets. If terms of this summary differ from the Certificate Booklet, the terms of Certificate Booklet control and apply. Benefits listed above are in-network benefits. Services received from non-contracted providers will be processed at a lesser and separate amount.