WELCOME
Benefits Orientation
RETIREMENT
• Arizona State Retirement System
• Optional Retirement Plan

HEALTH BENEFITS
• Medical Care
• Dental Care
• Vision Care
• Flexible Spending Account

FINANCIAL SECURITY
• Supplemental Retirement Plans
• Life Insurance
• Short-Term Disability
• Long-Term Disability
• Discounts
• Qualified Tuition Reduction
All official University messages are sent to your Official @arizona.edu address.

If you forward your emails, make sure messages don’t go to junk mail folder.
Benefits will be effective the first day of the pay period following your enrollment submission.

Your enrollment must be completed within 31 days following your date of hire.
Arizona State Retirement System
Optional Retirement Plan

Retirement plans are mandatory, and you must enroll in a retirement plan first before your benefit enrollment will open.
PLAN TYPE: Defined Benefit Plan

WAITING PERIOD: 6 months OR waived if break in service less than 2 years or money on account with ASRS

CONTRIBUTION: 12.29% (Includes Long-Term Disability)

RETIREMENT BENEFIT: Monthly lifetime benefit based on: Age, Years of Service, Compensation, and an ASRS benefit formula

Enroll in UA’s UAccess system and complete your ASRS online account with the code 69V00040
OPTIONAL RETIREMENT PLAN (ORP)
FIDELITY INVESTMENTS or TIAA

PLAN TYPE: Defined Contribution Plan

WAITING PERIOD: Contributions start first day of the pay period following your enrollment

CONTRIBUTION: 7% of earnings

VESTING: After 5 years OR immediately vested*, if qualified based on monies on account (indicate during election in UAccess)

RETIREMENT BENEFIT: Based on account balance and options available from investment company
ORP PROVIDER ENROLLMENT

Must elect in UAccess **within 30 days after date of hire.**
Then set up your account with Fidelity or TIAA.

**Fidelity Plan ID:** 67444

**TIAA Access Code:** AZQ192

**University’s Fidelity Representatives:**
- CJ Olsen  
  208-400-0583  
  cj.olsen@fmr.com

**University’s TIAA Representatives:**
- Donn Fitch  
  480-350-3209  
  dfitch@tiaa.org
LONG-TERM DISABILITY BENEFITS

Protects from loss of income if you are unable to work for an extended time due to a non-work-related injury, illness or accident.

**Enrollment is automatic and based on your retirement plan.** Your benefit is 66% of your monthly earnings.

**Arizona State Retirement System (ASRS)**
Premium is 0.15%.
Broadspire Services, Inc.

**Optional Retirement Plan (ORP)**
Premium is paid by the University.
MetLife.
Must submit your retirement enrollment in UAccess within 30 days after your date of hire.

If no plan is elected, enrollment will default to ASRS.

Enrollment is irrevocable.

uaccess.arizona.edu
SUPPLEMENTAL RETIREMENT PLANS

PLAN TYPES: 403(b) FIDELITY INVESTMENTS OR TIAA
457 Deferred Compensation Nationwide

WAITING PERIOD: No wait. You can enroll at any time.

ENROLLMENT: 403(b): www.netbenefits.com/aus
457 Deferred Compensation: Contact Nationwide

CONTRIBUTION: Up to IRS limits.
MEDICAL BENEFITS

• No pre-existing condition exclusions.

• Pharmacy benefits are included in medical plan.

• Two plans to choose from.
HEALTH INSURANCE TERMS

**Premium**
Amount you and your agency pays for insurance each pay period

**Deductible**
Expenses you pay out-of-pocket before the health plan pays
- Individual or Family
- Separate In- & Out-of-Network amounts
- Accumulate toward out-of-pocket maximum

**Copayment**
Fixed dollar amount
- You pay at the time of service after the deductible is met
- Plan pays remaining charges
- Accumulate toward out-of-pocket maximum

**Coinsurance**
Percentage of allowed amount
- You pay at the time of service after the deductible is met
- Plan pays remaining charges
- Accumulate toward out-of-pocket maximum

**Out-of-Pocket Maximum**
The most you will pay in combined deductibles, health care and pharmacy copayments, and coinsurance
- Plan pays 100% of covered services after out-of-pocket max is met
- Individual or Family
- Separate In- & Out-of-Network amounts
Check your provider to determine the tier before you visit.
TRIPLE CHOICE PLAN

Note: Examples are using the Employee Only Plan

<table>
<thead>
<tr>
<th>Tier</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$200 / $400</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$1,000 / $2,000</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$5,000 / $10,000</td>
</tr>
</tbody>
</table>

Using ONLY Tier 1 providers:
- **DEDUCTIBLE ($200)**
  - January
- **COPAYMENT**
  - February / March
  - April / May

Using Tier 1 and Tier 2 providers:
- **TIER 1 DEDUCTIBLE ($200)**
  - Tier 1 and Tier 2 deductibles cross-apply
  - January
- **COPAYMENT**
  - February / March
  - April / May

Note: Examples are using the Employee Only Plan
### TRIPLE CHOICE PLAN

<table>
<thead>
<tr>
<th>Tier</th>
<th>Pay Copays/Coinsurance</th>
<th>Out-of-Pocket Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In-network/fixed copay</td>
<td>$7,350 / $14,700</td>
</tr>
<tr>
<td>2</td>
<td>In-network/same copay</td>
<td>$7,350 / $14,700</td>
</tr>
<tr>
<td>3</td>
<td>Out-of-network/50% coinsurance</td>
<td>$8,700 / $17,400</td>
</tr>
</tbody>
</table>

### Copayment / Coinsurance After Applicable Deductibles Are Met

#### Office Visits (Including Mental & Behavioral Health)

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician (PCP)</td>
<td>$20</td>
<td>$20</td>
<td>50%</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40</td>
<td>$40</td>
<td>50%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>$20</td>
<td>$20</td>
<td>50%</td>
</tr>
<tr>
<td>Telemedicine Services</td>
<td>$20</td>
<td>$20</td>
<td>50%</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>$0</td>
<td>$0</td>
<td>50%</td>
</tr>
</tbody>
</table>

#### Emergency Services

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$200</td>
<td>$200</td>
<td>$200</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$75</td>
<td>$75</td>
<td>50%</td>
</tr>
<tr>
<td>Inpatient Hospital Admission</td>
<td>$250</td>
<td>$250</td>
<td>50%</td>
</tr>
<tr>
<td>Outpatient Facility</td>
<td>$100</td>
<td>$100</td>
<td>50%</td>
</tr>
<tr>
<td>Laboratory and X-Ray Services</td>
<td>$0</td>
<td>$0</td>
<td>50%</td>
</tr>
<tr>
<td>Major Radiology Services</td>
<td>$100</td>
<td>$100</td>
<td>50%</td>
</tr>
</tbody>
</table>

Tier 1: In-Network  
Tier 2: In-Network  
Tier 3: Out-of-Network
**HIGH-DEDUCTIBLE HEALTH PLAN**
**WITH HEALTH SAVINGS ACCOUNT**

**DEDUCTIBLE:**
- **In-network:** $1,500 single/$3,000 family
- **Out-of-network:** $5,000 single/$10,000 family

After the deductible is met, you pay coinsurance (10% in-network, 50% out-of-network)

**OUT-OF-POCKET MAXIMUM:**
- **In-network:** $3,500 single/$7,000 family
- **Out-of-network:** $8,700 single/$17,400 family

**RESTRICTION:**
Cannot have secondary insurance (e.g., Tricare, Medicare)

**HEALTH SAVINGS ACCOUNT PROVIDER:**
Optum

---

### Copayment / Coinsurance After Applicable Deductibles Are Met

<table>
<thead>
<tr>
<th>Office Visits (Including Mental &amp; Behavioral Health)</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician (PCP)</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Specialist</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Telemedicine Services</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Emergency Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Inpatient Hospital Admission</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Outpatient Facility</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Laboratory and X-Ray Services</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Major Radiology Services</td>
<td>10%</td>
<td>50%</td>
</tr>
</tbody>
</table>

---

- Premiums are lower than the TCP plan but with a higher deductible
- University contribution: $30 single/$60 family each pay period
HIGH-DEDUCTIBLE HEALTH PLAN
WITH HEALTH SAVINGS ACCOUNT

Note: Examples are using the Employee Only Plan

How To Find Doctors and Facilities on the High Deductible Plan for the Best Value and Quality Care

**Blue Cross Blue Shield of Arizona - Total Care**
- Visit [azblue.com/stateofaz](http://azblue.com/stateofaz)
- Click the "Find A Doctor" tab, choose the HDHP w/HSA plan.
- Search by doctor or facility name.
- Look for results with the Total Care icon.

**UnitedHealthcare - Premium Care**
- Visit [uhcvirtual.com/stateofaz](http://uhcvirtual.com/stateofaz)
- Click the "Search for a Provider" tab.
- Choose the HDHP w/HSA plan.
- Search by doctor or facility name.
- Look for results with the double heart icon.

Note: Examples are using the Employee Only Plan
A health savings account, or HSA, is an account that saves you money by letting you use income tax-free dollars to pay for qualified medical, dental, & vision expenses.

**Enrollment** Requires enrollment in the BCBSAZ or UHC High Deductible Health Plan.

**Contribute income-tax free money to your account** – up to IRS limits – and adjust at any time during the year. Your employer also contributes to your HSA!

**Spend** your HSA dollars on hundreds of items – like glasses, Rx refills, and doctor visits.

**Earn** potential interest on your balance. Choose to invest HSA funds for potential added growth, after meeting minimum balance.

**Balances carry over** from year-to-year, to new jobs, and into retirement.

An HSA is designed to help you save money for use today or later.

**UA HSA Contribution Per Pay Period**
- $30.00 Individual
- $60.00 Family

**IRS Annual Maximum Contribution**
- $3,850 Individual
- $7,750 Family
A health savings account, or HSA, is an account that saves you money by letting you use income tax-free dollars to pay for qualified medical, dental, & vision expenses.

**List of Eligible Expenses:**
- Acupuncture
- Chiropractic Care
- Eye exams, glasses, & contacts
- Flu shots
- Nursing services
- Orthodontia (non cosmetic)
- Physical exam
- Physical therapy
- Prescription drugs & refills
- Psychiatric care
- Sunscreen, SPF 15+
- Wheelchair, walkers, crutches, & canes

Use the Qualified Medical Expenses Tool on optumbank.com to see if your specific expense qualifies for reimbursement.
## MEDICAL PLAN FEATURES

<table>
<thead>
<tr>
<th>Feature</th>
<th>Triple Choice Plan</th>
<th>High Deductible Health Plan (HDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premium</strong></td>
<td>$$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$</td>
<td>$$</td>
</tr>
<tr>
<td>Health Savings Account</td>
<td>Not Available</td>
<td>Yes</td>
</tr>
<tr>
<td>(State contribution each pay period)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nationwide network of providers</td>
<td>Tier 1 &amp; Tier 2</td>
<td>Yes</td>
</tr>
<tr>
<td>Out-of-Network Coverage (higher cost)</td>
<td>Tier 3</td>
<td>Yes</td>
</tr>
<tr>
<td>Primary Care Physician (PCP) not required</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>No referrals required to see a specialist</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Preventive care in-network</td>
<td>Free</td>
<td>Free</td>
</tr>
</tbody>
</table>
The UA Alternative Plan is available only to employees who are insuring a domestic partner.

Insurance deductions are taken twice per month (24 pay periods). When three pay periods fall in a month, the third is a “premium holiday” when deductions are not taken out of your paycheck.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Coverage</th>
<th>2023 Employee Cost Per Pay Period</th>
<th>2023 Employee Cost Per Month</th>
<th>2023 Employer Cost Per Pay Period</th>
<th>2023 Employer Cost Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triple Choice Plan</td>
<td>Employee Only</td>
<td>$28.36</td>
<td>$56.72</td>
<td>$381.29</td>
<td>$762.58</td>
</tr>
<tr>
<td></td>
<td>Employee + Adult</td>
<td>$77.45</td>
<td>$154.90</td>
<td>$785.22</td>
<td>$1,570.44</td>
</tr>
<tr>
<td></td>
<td>Employee + Child</td>
<td>$62.08</td>
<td>$124.16</td>
<td>$510.68</td>
<td>$1,021.36</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$131.75</td>
<td>$263.50</td>
<td>$889.10</td>
<td>$1,778.20</td>
</tr>
<tr>
<td>HDHP with HSA</td>
<td>Employee Only</td>
<td>$11.00</td>
<td>$22.00</td>
<td>$257.47</td>
<td>$514.94</td>
</tr>
<tr>
<td></td>
<td>Employee + Adult</td>
<td>$33.00</td>
<td>$66.00</td>
<td>$533.64</td>
<td>$1,067.28</td>
</tr>
<tr>
<td></td>
<td>Employee + Child</td>
<td>$28.05</td>
<td>$56.10</td>
<td>$348.82</td>
<td>$697.66</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$61.05</td>
<td>$122.10</td>
<td>$594.54</td>
<td>$1,189.08</td>
</tr>
<tr>
<td>UA Alternative Plan*</td>
<td>Employee + Adult</td>
<td>$77.45</td>
<td>$154.90</td>
<td>$653.01</td>
<td>$1,306.02</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$131.75</td>
<td>$263.50</td>
<td>$965.82</td>
<td>$1,931.64</td>
</tr>
</tbody>
</table>
PRESCRIPTION DRUG PLAN

Same Pharmacy for ALL Carriers

- Pharmacy benefit Administrator
- Maintains the formulary, pharmacy network, and drug costs
- Provides prior authorization and utilization management services

Pharmacy Information

- **Contact information is found on your medical ID card**
- All prescriptions must be filled at an in-Network pharmacy
- Pharmacy coverage is included in medical coverage, but the medical carrier is not the pharmacy administrator
- Initiate a Prior Authorization by Contacting a MedImpact Customer Service Representative at 1-888-648-6769
- Mail Order 90-day mail order program now called “Birdi” 1-855-873-8739 or customerservice@birdirx.com
Dental PPO
(Delta Dental)
See any licensed dentist nationwide. You pay coinsurance based on negotiated rates. Some services are subject to an annual deductible or benefit limit.

Dental HMO
(UnitedHealthcare Solstice)
Restricted to in-network dental providers. You pay set fees for dental work. (fixed co-payments). No deductible. Refer to the schedule of benefits for benefit limits.

No provider networks in these states: AK, AL, AR, DE, HI, IA, ID, LA, ME, MS, MT, ND, NE, NH, OK, RI, SD, VT, WV, and WY, nor in these territories: GU, PR, and USVI.
<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Coverage</th>
<th>2023 Employee Cost</th>
<th>2023 Employer Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Per Pay Period†</td>
<td>Per Month</td>
</tr>
<tr>
<td>Delta Dental</td>
<td>Employee Only</td>
<td>$15.49</td>
<td>$30.98</td>
</tr>
<tr>
<td></td>
<td>Employee + Adult</td>
<td>$32.86</td>
<td>$65.72</td>
</tr>
<tr>
<td></td>
<td>Employee + Child</td>
<td>$25.28</td>
<td>$50.56</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$52.28</td>
<td>$104.56</td>
</tr>
<tr>
<td>UnitedHealthcare Dental HMO</td>
<td>Employee Only</td>
<td>$1.78</td>
<td>$3.56</td>
</tr>
<tr>
<td></td>
<td>Employee + Adult</td>
<td>$3.56</td>
<td>$7.12</td>
</tr>
<tr>
<td></td>
<td>Employee + Child</td>
<td>$3.34</td>
<td>$6.68</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$5.92</td>
<td>$11.84</td>
</tr>
<tr>
<td>UA Alternative Plan: Delta Dental*</td>
<td>Employee + Adult</td>
<td>$32.86</td>
<td>$65.72</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$52.28</td>
<td>$104.56</td>
</tr>
</tbody>
</table>
Vision (Avesis)
Copayment for routine eye exam. Allowance for eyeglasses, frames, contact lenses, or LASIK.

Target Optical Discount!
Save an additional $25 when you purchase your frame from Target Optical
# VISION INSURANCE

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Coverage</th>
<th>2023 Employee Cost</th>
<th>2023 Employer Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Per Pay Period†</td>
<td>Per Month</td>
</tr>
<tr>
<td>Avesis</td>
<td>Employee Only</td>
<td>$1.86</td>
<td>$3.72</td>
</tr>
<tr>
<td></td>
<td>Employee + Adult</td>
<td>$6.18</td>
<td>$12.36</td>
</tr>
<tr>
<td></td>
<td>Employee + Child</td>
<td>$6.12</td>
<td>$12.24</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$7.70</td>
<td>$15.40</td>
</tr>
<tr>
<td>UA Alternative Plan: Avesis*</td>
<td>Employee + Adult</td>
<td>$6.18</td>
<td>$12.36</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$7.70</td>
<td>$15.40</td>
</tr>
</tbody>
</table>
UA Alternative Medical, Dental, Vision

Available to employees enrolling a domestic partner

Additional documentation is needed to enroll
UNIVERSITY ALTERNATIVE BENEFITS

- Only available if you are enrolling a domestic partner as a dependent.
- Family coverage available.
- Administered by the University of Arizona.

**MEDICAL:**
- United Healthcare HMO
- Deductible $200 single/$400 family

**DENTAL:**
- Delta Dental (PPO)

**VISION:**
- Avesis
Your insurance providers will mail your cards to the mailing address in your UAccess account.

It can take 7-14 business days AFTER your coverage has become effective for you to receive them.
SHORT-TERM DISABILITY BENEFITS

VIDEO:

Video Comparing Short-Term Disability Plans
## SHORT TERM DISABILITY

<table>
<thead>
<tr>
<th>Definition</th>
<th>Elimination Period</th>
<th>Benefit Payments</th>
<th>Maximum Duration</th>
</tr>
</thead>
</table>
| Voluntary benefit coverage if you are unable to work due to:  
- Non-work related injury or illness  
- Pregnancy & maternity | Based on enrollment within new hire window or after new hire window  
- If enrolled within 31 days of being hired, 30-day waiting period due to illness or pregnancy  
- No wait period if due to an accident  
- No pre-existing condition exclusion | Weekly paid benefits:  
Up to 66\(\frac{2}{3}\)\% of pre-disability earnings  
Payments are reduced based on paid sick or vacation time  
Maximum Payable benefits: $897.43 per week  
Minimum Payable benefits: $67.31 | Up to 26 weeks |

**Premium:** $0.316 per $100 of your annual base pay – **EMPLOYEE PAID**

Employees can start a disability claim by contacting MetLife at 866-264-5144
# SHORT TERM DISABILITY

<table>
<thead>
<tr>
<th>Definition</th>
<th>Elimination Period</th>
<th>Benefit Payments</th>
<th>Maximum Duration</th>
</tr>
</thead>
</table>
| **Voluntary** benefit coverage if you are unable to work due to:  
  - Non-work related injury or illness  
  - Pregnancy & maternity  

  *No wait period if hospitalized or outpatient surgery or pregnancy*  
  *Pre-existing condition exclusion for first 6 months after initial election or after option level increase (Pregnancy is not a pre-existing condition)*  
| Weekly paid benefits: 
  Up to 70% of pre-disability earnings  
  Payments not reduced by paid sick or vacation time  
  Three coverage levels:  
  A - up to $750/week  
  B - up to $1,500/week  
  C - up to $2,000/week  
  But not to exceed 70% of earnings  
| Injury/illness: Up to 26 weeks  
  Includes $5,000 life insurance policy and $30,000 accidental death and dismemberment policy |

Premium: $0.77 per $100 of your annual base pay – **EMPLOYEE PAID**

Employees can start a disability claim by contacting Unum at 800-858-6843
Basic Life and AD&D

- $15,000 policy through Securian
- University pays the premium
- **Automatically** signed up

Supplemental Life and AD&D

- You pay the premium
- $5,000 increments above the $15,000 Basic Life provided by State
- Increase up to $20,000 annually during open enrollment only
- Maximum: $500,000 or 3 times your salary, whichever is less
- Premiums for first $35,000 are pre-tax
- Keep your beneficiaries updated

Hartford Supplemental life and AD&D

- You pay the premium
- Elect in increments of 1-5 times your annual salary.
- Increases may not exceed one step during Open Enrollment.
- Maximum: $500,000 or 5 times your annual salary, whichever is less.
- Keep your beneficiaries updated

*No physical required with new hire enrollment or future open enrollment changes*
**Dependent Life and AD&D**

- You pay - one premium covers whole family, pays out for each individual person
  - Spouses, children under age 26 & disabled dependent children
  - Domestic partners cannot be enrolled in this plan
- Coverage cannot exceed 100% of the amount of employee’s coverage (combined basic & supplemental life insurance)
- Employee is the beneficiary

*For $50,000, you must elect at least $50,000 in combined basic & supplemental coverage for yourself*
LIFE INSURANCE

Dependent Life

- $.36 per pay period covers whole family, pays out $5000 for each individual person
  - Spouses, domestic partners, and children under age 26 & disabled dependent children
- Employee is the beneficiary

Employee must be enrolled in Hartford Supplemental Life to elect dependent life
**FLEXIBLE SPENDING ACCOUNTS**

**Health Care FSA**
Use with Triple Choice Plan
For medical, dental, vision, prescriptions, & over-the-counter medication

- Pay eligible medical expenses with pre-tax dollars
  - Reduces taxable wages which decreases taxes
  - Use to pay your deductible, copays, over-the-counter items
- Maximum Contribution $3,050
  - Determine your annual election based on health expenses
  - Your annual election will be divided by 24 for a per paycheck contribution

**Limited Purpose FSA**
Use with HDHP w/HSA Plan
Use for dental & vision only

- Limited Rollover
  - Claims Jan 1-Dec 31
  - Deadline to submit claims: April 30 of following year
  - Rollover $610
- ASI Flex Visa Card*
  - Pre-loaded with your annual election amount
  - Pay at point of service
  - May have to submit paperwork to prove claim
  - Keep all bills with services listed - not just card machine receipts
  - *Optional

To continue participation, you must re-enroll each year during Open Enrollment.
Dependent Care Flexible Spending Account “Daycare/Elder Care FSA”

- Pay expenses for dependent care (not for healthcare expenses)
  - Daycare, summer day camp, preschool fees for children under 13 for whom you have custody
  - Spouse or other tax Dependent physically or mentally incapable of caring for him/herself

Pay eligible dependent care expenses with pre-tax dollars
- Reduces taxable wages which decreases taxes

Maximum Contribution $5,000
(Married File Separately: $2,500)
- Determine your annual election based on care expenses
- Your annual election will be divided by 24 for a per paycheck contribution

Claims
- Can only use what you have in the account
- Pay at point of service
- Keep all bills with services listed - not just card machine receipts

USE IT OR LOSE IT EACH YEAR
- Claims Jan 1-Dec 31
- Grace Period: March 15 of following year
- Deadline to submit claims: April 30 of following year

To continue participation, you must re-enroll each year during Open Enrollment.
HOW TO ENROLL

Step 1 – Enroll
• Submit enrollments in the UAccess. You have 31 days to complete both the retirement AND benefits enrollment
  uaccess.arizona.edu
  Employee/Manager Self Service and log in with NetID and password
  UA Employee Main Homepage
  University Benefits Tile

Effective Date
• Beginning of the pay period after you submit your enrollment

Step 2 - Documentation
• Upload required supporting documentation for dependents with different last names to secure HR box at: https://hr.arizona.edu/submit-documents
• Or email it to hrsolutions@arizona.edu
  Email is secure if emailing from one @arizona.edu address to another
• If documentation is not provided, dependents will be removed from plans

Effective Date
• Beginning of the pay period after you submit your enrollment
### Benefits Enrollment

Emma Kline

You have 30 days from your date of hire or date of eligibility to complete your benefits enrollment and retirement enrollment (if applicable). If you are eligible for the Optional Retirement Plan (ORP), you must complete your retirement enrollment before you can access your benefits enrollment. Once your retirement plan enrollment is complete, your benefits enrollment will be available below on the next day.

Before you begin the enrollment process, please review the [Summary of Benefits and Coverage](#) for medical plan options.

Once your enrollments are complete, you may only change your benefits elections during the annual open enrollment period or if you experience a qualifying change (called a qualified life event). Your retirement plan choice is irrevocable and cannot be changed during the duration of your continuous employment.

To begin your enrollment, click **Select**. For additional instructions on how to enroll, visit the [Division of Human Resources website](#).

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Event Date</th>
<th>Event Status</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement Election (ORP Elig)</td>
<td>09/23/2021</td>
<td>Open</td>
<td>Legal Affairs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Counselor II</td>
</tr>
</tbody>
</table>
Open Enrollment
• This event occurs once a year, typically in October or November and it lasts three weeks
• Employee’s can make changes to their voluntary benefits during this time
• Passive vs. Positive Enrollment
• You must always re-enroll if you want to contribute to an FSA
• Changes made during this time will take effect in the next benefit year January – December

Qualifying Life Event - QLE
• Submit QLE form within 31 days of the event for:

  Qualifying Events
  • Gaining a dependent (birth, adoption, etc.)
  • Loss of a dependent (death, divorce)
  • Loss of coverage
  • Gain of coverage
  • Moving into or out of a service area (International Only)
  • Gaining Citizenship or Residency
• Supporting documentation is required to be submitted with the form

CAN I CHANGE MY BENEFITS?
DISCOUNTS

Liberty Mutual or Traveler’s Auto & Home Insurance. Payroll deduction available.

Perks at Work: perksatwork.com

Free downloads of Microsoft 365 (UITS)

UA Computer-Based Training — 1,000s of free courses & video tutorials for software (UITS)

Many merchants offer discounts with CatCard.
QUALIFIED TUITION REDUCTION (QTR)

This benefit allows for full-benefits eligible employees, retirees, their spouses and dependents, along with certain affiliates, to take undergraduate-level courses at substantially reduced tuition rates.

- Take courses at UArizona, ASU, NAU
- Employee & spouse = $25/semester
- Children = 25% of in-state tuition
- Reduction is to tuition only; program fees still apply
EMPLOYEE ASSISTANCE PROGRAM (EAP)

This benefit parallels QTR but is available for graduate level courses at substantially reduced rates.

- Tax implications
- For employees, any benefit amount over $5,250 is taxed through payroll
- For dependents, all tuition benefits received are taxable
DOMESTIC PARTNER TUITION PROGRAM (DPTP)

DPTP extends QTR and EAP benefits to University employees’ domestic partners and their dependents

- Available for UArizona courses, not NAU or ASU
- Domestic Partner Affidavit required
- Partner’s dependent children are eligible
- Awarded like a scholarship (Form 1098-T)
HOW TO APPLY

• Log in to UAccess and go to your UA Employee Main Homepage
• Select the University Benefits tile
• Select “Qualified Tuition Reduction” from the menu on the left
• Select “QTR Application Form” and follow the prompts
INSPIRING WELL-BEING:

- Elder Care Resources
- Childcare & Family Resources
- Employee Wellness & Health Promotion
- Work-Life Integration
- Employee Assistance

LIFE & WORK CONNECTIONS

(520) 621-2493   lifework.arizona.edu
Thank you!

CONTACT AND RESOURCES:

Phone: 520-621-3660
E-mail: hrsolutions@arizona.edu
Website: https://hr.arizona.edu/employees-affiliates/benefits