



THE UNIVERSITY  
OF ARIZONA

---

# WELCOME

Benefits Orientation

# WELCOME!

- Use the Q&A feature to ask questions
- Personal questions can be answered at 520-621-3660 or sent to [hrrsolutions@arizona.edu](mailto:hrrsolutions@arizona.edu)
- Please keep yourself muted and off-camera during the presentation
- This presentation is available on our website at <https://www.hr.arizona.edu>

## 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.



Human Resources



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.*





# ARIZONA STATE RETIREMENT SYSTEM (ASRS)

**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:** 12.27% (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](mailto:cj.olsen@fmr.com)

## University's TIAA Representatives:

- Kevin Collins  
Director, Financial Consulting | TIAA  
Retirement Advice & Consulting  
[kevin.collins@tiaa.org](mailto:kevin.collins@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.

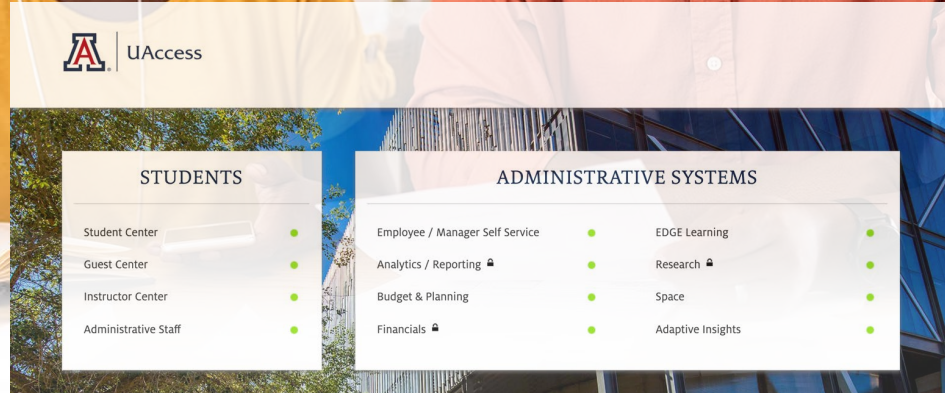


**Must submit your retirement enrollment in UAccess **within 30 days** after your date of hire**

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

**Enrollment is irrevocable.**

[uaccess.arizona.edu](https://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](http://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.
- Plan Year: January 1 – December 31



# 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

Deductible Met

Out-of-Pocket Max Met

## Copayment

Fixed dollar amount

## 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



# TRIPLE CHOICE PLAN

1	Choose a Doctor
Tier 1	In-network/lowest cost
Tier 2	In-network/higher cost
Tier 3	Out-of-network/highest cost

BCBS **does not** have Tier 1 providers outside of AZ. In-network providers outside of AZ will be billed as Tier 2.

UHC **does** have tier 1 providers available outside of AZ.

## How To Find Doctors and Facilities on the Triple Choice Plan

### Blue Cross Blue Shield of Arizona - Tier 1

- Visit [azblue.com/stateofaz](https://azblue.com/stateofaz).
- Click the "Find A Doctor" tab.
- Choose the Triple Choice Plan.
- Type in the doctor or facility name.
- Look for results with the Tier 1 ribbon.



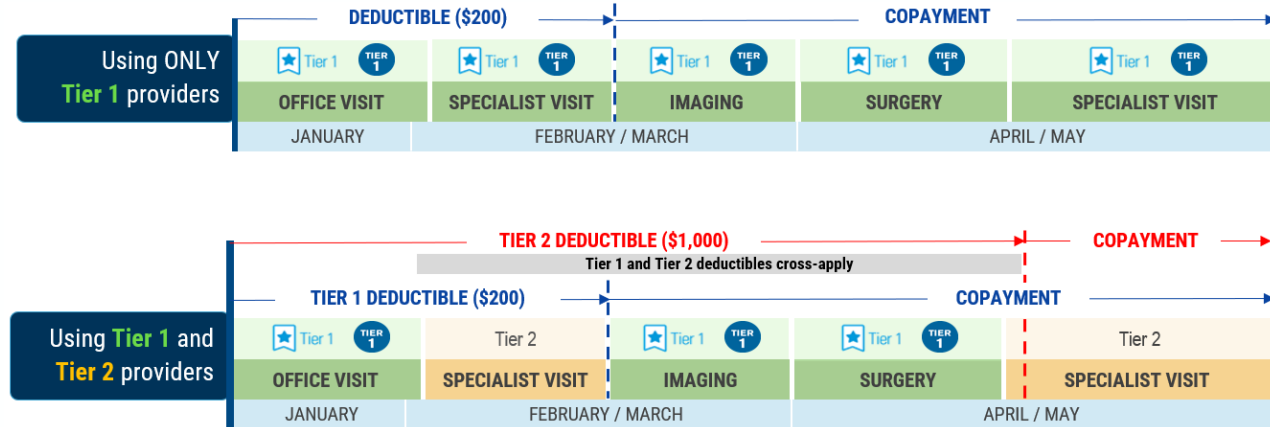
### UnitedHealthcare - Tier 1

- Visit [uhcvirtual.com/stateofaz](https://uhcvirtual.com/stateofaz).
- Click the "Search for a Provider" tab.
- Choose the Triple Choice Plan.
- Type in the doctor or facility name.
- Look for results with the Tier 1 dot.



# TRIPLE CHOICE PLAN

2 Meet the Deductible	
Tier 1	\$200 / \$400
Tier 2	\$1,000 / \$2,000
Tier 3	\$5,000 / \$10,000



Note: Examples are using the Employee Only Plan



Human Resources

# TRIPLE CHOICE PLAN

3

## Pay Copays/Coinsurance

Tier 1	In-network/fixed copay
Tier 2	In-network/same copay
Tier 3	Out-of-network/ 50% coinsurance

4

## Reach the Out-of-Pocket Max

Tier 1	\$7,350 / \$14,700
Tier 2	\$7,350 / \$14,700
Tier 3	\$8,700 / \$17,400

### Copayment / Coinsurance After Applicable Deductibles Are Met

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

Primary Care Physician (PCP)	\$20	\$20	50%
Specialist	\$40	\$40	50%
OB/GYN	\$20	\$20	50%
Telemedicine Services	\$20	\$20	50%
Durable Medical Equipment	\$0	\$0	50%

#### Emergency Services

Ambulance	\$0	\$0	\$0
Emergency Room	\$200	\$200	\$200
Urgent Care	\$75	\$75	50%
Inpatient Hospital Admission	\$250	\$250	50%
Outpatient Facility	\$100	\$100	50%
Laboratory and X-Ray Services	\$0	\$0	50%
Major Radiology Services	\$100	\$100	50%

Tier 1  
In-Network

Tier 2  
In-Network

Tier 3  
Out-of-Network



Human Resources



# HIGH-DEDUCTIBLE HEALTH PLAN

## WITH HEALTH SAVINGS ACCOUNT

### DEDUCTIBLE:

**In-network:** \$1,650 single/\$3,300 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)

\*Prescription drug copays do not count toward the medical deductible

### 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

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

Primary Care Physician (PCP)	10%	50%
Specialist	10%	50%
OB/GYN	10%	50%
Telemedicine Services	10%	50%
Durable Medical Equipment	10%	50%
Emergency Services		
Ambulance	10%	50%
Emergency Room	10%	10%
Urgent Care	10%	50%
Inpatient Hospital Admission	10%	50%
Outpatient Facility	10%	50%
Laboratory and X-Ray Services	10%	50%
Major Radiology Services	10%	50%

In-Network

Out-of-Network

























- Premiums are lower than the TCP plan but with a higher deductible
- University contribution: \$30 single/\$60 family each pay period



Human Resources

# HIGH-DEDUCTIBLE HEALTH PLAN

## WITH HEALTH SAVINGS ACCOUNT

	DEDUCTIBLE MET (\$1,650)					COINSURANCE
Using In-Network Providers	OFFICE VISITS	SPECIALIST VISITS	IMAGING	SURGERY	RECOVERY SERVICES	
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
State HSA Contributions	 	 	 	 	 	 
Your HSA Contributions	 	 	 	 	 	 

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	UnitedHealthcare - Premium Care
<ul style="list-style-type: none"> <li>Visit <a href="https://azblue.com/stateofaz">azblue.com/stateofaz</a></li> <li>Click the "Find A Doctor" tab, choose the HDHP w/HSA plan.</li> <li>Search by doctor or facility name.</li> <li>Look for results with the Total Care icon.</li> </ul>	<ul style="list-style-type: none"> <li>Visit <a href="https://uhcvirtual.com/stateofaz">uhcvirtual.com/stateofaz</a></li> <li>Click the "Search for a Provider" tab.</li> <li>Choose the HDHP w/HSA plan.</li> <li>Search by doctor or facility name.</li> <li>Look for results with the double heart icon.</li> </ul>

Note: Examples are using the Employee Only Plan



Human Resources

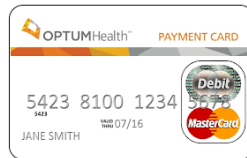
# HEALTH SAVINGS ACCOUNT

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.

**Optum**

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  
\$4,300 Individual | \$8,550 Family

# HEALTH SAVINGS ACCOUNT



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

Use the Qualified  
Medical Expenses  
Tool on  
[optumbank.com](https://optumbank.com)  
to see if your specific  
expense qualifies for  
reimbursement



Acupuncture



Nursing services



Prescription drugs & refills



Chiropractic Care



Orthodontia (non cosmetic)



Psychiatric care



Eye exams, glasses, & contacts



Physical exam



Sunscreen, SPF 15+



Flu shots



Physical therapy



Wheelchair, walkers, crutches, & canes



# MEDICAL PLAN FEATURES



BlueCross  
BlueShield  
of Arizona



United  
Healthcare®

	Triple Choice Plan	High Deductible Health Plan (HDHP)
Premium	\$\$	\$
Deductible	\$	\$\$
Health Savings Account (State contribution each pay period)	Not Available	Yes
Nationwide network of providers	Tier 1 & Tier 2	Yes
Out-of-Network Coverage (higher cost)	Tier 3	Yes
Primary Care Physician (PCP) not required	✓	✓
No referrals required to see a specialist	✓	✓
Preventive care in-network	Free	Free

MEDICAL PREMIUMS					
Plan Type	Coverage	2025 Employee Cost		2025 Employer Cost	
		Per Pay Period†	Per Month	Per Pay Period†	Per Month
Triple Choice Plan	Employee Only	\$28.36	\$56.72	\$401.40	\$802.80
	Employee + Adult	\$77.45	\$154.90	\$826.62	\$1,653.24
	Employee + Child	\$62.08	\$124.16	\$537.62	\$1,075.24
	Family	\$131.75	\$263.50	\$935.99	\$1,871.98
HDHP with HSA	Employee Only	\$11.00	\$22.00	\$271.05	\$542.10
	Employee + Adult	\$33.00	\$66.00	\$561.77	\$1,123.54
	Employee + Child	\$28.05	\$56.10	\$367.23	\$734.46
	Family	\$61.05	\$122.10	\$625.89	\$1,251.78
UA Alternative Plan*	Employee + Adult	\$77.45	\$154.90	\$726.97	\$1,453.94
	Family	\$131.75	\$263.50	\$1,076.96	\$2,153.91

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.



# PRESCRIPTION DRUG PLAN



## Same Pharmacy for ALL Carriers

- Pharmacy benefit Administrator
- National network of providers
- 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](mailto:customerservice@birdirx.com)



# PREScription DRUG COPAYS



- Copays count toward the out-of-pocket maximum.
- Under the HDHP Plan, members pay the full cost of medications until they meet the combined medical/pharmacy deductible, after which a fixed-dollar copay applies.
- ACA-required medications always have a \$0 copay, regardless of deductible or out-of-pocket maximum status.
- If a medication costs less than the copay, members pay the lower amount.

	Retail (30-Day Supply)	Retail (90-Day Supply)	Mail Order (90- Day Supply)
Generic	\$15	\$37.50	\$30
Preferred Brand	\$40	\$100	\$80
Non-Preferred Brand	\$60	\$150	\$120





# DENTAL PLANS

## Delta Dental PPO

- You pay a coinsurance based on negotiated rates
- Can see any licensed dentist nationwide
- Some services are subject to an annual deductible or benefit limit
  - \$50 deductible per person, up to \$150 per family per year
- Preventative and diagnostic services covered at 100%
- Maximum benefit of \$2000 per year per person
- Orthodontia lifetime maximum of \$1,500 per person



## UHC Solstice Dental HMO

- You pay set fees for dental services
- Not available in all states. No coverage network in:
  - 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.
- No annual deductible or maximums



# DENTAL PLAN SERVICES



Plan Year Deductibles		None	\$50/\$150
Annual Combined Basic & Major Svcs		No Dollar Limit	\$2,000 per person
Orthodontia Lifetime		No Dollar Limit	\$1,500 per person
Preventive Care Class I	Oral Exam	\$0	\$0 Deductible Waived <sup>1</sup>
	Emergency Exam	\$35 after-hours office visit	\$0 Deductible Waived <sup>1</sup>
	Prophylaxis/Cleaning	\$0	\$0 Deductible Waived <sup>1</sup>
	Fluoride Treatment	Without Varnish \$0   With Varnish \$20	\$0 (to age 18) Deductible Waived <sup>1</sup>
	X-Rays	\$0	\$0 Deductible Waived <sup>1</sup>
Sealants		\$0	20% (to age 19)
Fillings		Amalgam \$16   Resin \$37	20%
Extractions		Simple: \$35 Surgical \$105	20%
Periodontal Gingivectomy		\$119: 1-3 teeth   \$180: 4 or more teeth	20%
Oral Surgery		\$25–\$270	20%
Crowns		\$195–\$290 + Lab & Material	50%
Dentures		\$485–\$502	50%
Fixed Bridgework		\$290 + Lab & Material per Unit	50%
Crown/Bridge Repair		\$80–\$95	50%
Implant Body		\$795	50% <sup>2</sup>
Orthodontia		\$1,375–\$2,875	50% <sup>3</sup>
Other	TMJ Exam/Services	\$150–\$250	Not covered
Services	External Bleaching	\$30–\$240	Not covered

This chart displays charges for in-network services only



Human Resources

DENTAL INSURANCE					
Plan Type	Coverage	2025 Employee Cost		2025 Employer Cost	
		Per Pay Period†	Per Month	Per Pay Period†	Per Month
Delta Dental	Employee Only	\$15.49	\$30.98	\$2.48	\$4.96
	Employee + Adult	\$32.86	\$65.72	\$4.96	\$9.92
	Employee + Child	\$25.28	\$50.56	\$4.96	\$9.92
	Family	\$52.28	\$104.56	\$6.85	\$13.70
UnitedHealthcare Dental HMO	Employee Only	\$1.78	\$3.56	\$2.48	\$4.96
	Employee + Adult	\$3.56	\$7.12	\$4.96	\$9.92
	Employee + Child	\$3.34	\$6.68	\$4.96	\$9.92
	Family	\$5.92	\$11.84	\$6.85	\$13.70
UA Alternative Plan: Delta Dental*	Employee + Adult	\$32.86	\$65.72	\$7.09	\$14.18
	Family	\$52.28	\$104.56	\$15.36	\$30.72



# VISION PLAN

## AVESIS

- National network of independent and chain providers
- One routine eye exam per year with \$10 copayment
- Allowances frames, contact lenses and LASIK/PRK



### Target Optical Discount!

Save an additional \$25 when you purchase your frame from Target Optical





# VISION PLAN SERVICES



Employee Cost For Care		
Routine Eye Examination Copay (One per Plan Year)		\$10
Optical Materials Copay (Lenses & Frame Combined)		\$0
Standard Spectacle Lenses (One per Plan Year)	Single Vision Lenses	Covered in-full
	Bifocal Lenses	
	Trifocal Lenses	
	Lenticular Lenses	
	Progressive Lenses	Uniform discounted fee schedule
	Select Lens Tints/Coatings	
Frame (One per Plan Year)		Up to \$150 retail value ( <i>\$50 wholesale cost allowance</i> )
Contact Lenses instead of frame/spectacle lenses <i>Includes fitting, follow-up and materials</i>	Elective	10-20% discount & \$150 allowance
	Medically Necessary	Covered in-full
LASIK/PRK		Up to \$750
Target Optical Frame Discount (Locations inside Target Stores)		\$25



VISION INSURANCE					
Plan Type	Coverage	2025 Employee Cost		2025 Employer Cost	
		Per Pay Period†	Per Month	Per Pay Period†	Per Month
Avesis	Employee Only	\$1.90	\$3.80	\$0.00	\$0.00
	Employee + Adult	\$6.32	\$12.64	\$0.00	\$0.00
	Employee + Child	\$6.23	\$12.46	\$0.00	\$0.00
	Family	\$7.85	\$15.70	\$0.00	\$0.00
UA Alternative Plan: Avesis*	Employee + Adult	\$6.18	\$12.36	\$0.00	\$0.00
	Family	\$7.70	\$15.40	\$0.00	\$0.00





# 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)**

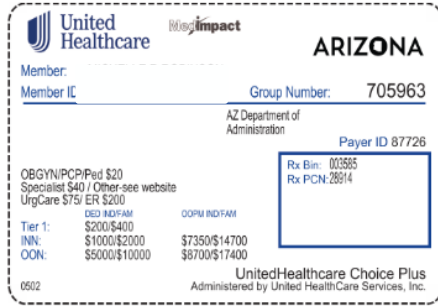
## **VISION:**

- **Avesis**





# INSURANCE CARDS



- 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



Definition	Elimination Period	Benefit Payments	Maximum Duration
<ul style="list-style-type: none"><li>● <b>Voluntary</b> benefit coverage if you are unable to work due to:<ul style="list-style-type: none"><li>● Non-work related injury or illness</li><li>● Pregnancy &amp; maternity</li></ul></li></ul>	<ul style="list-style-type: none"><li>● Based on enrollment within new hire window or after new hire window</li><li>● If enrolled within 31 days of being hired, 30-day waiting period due to illness or pregnancy</li><li>● No wait period if due to an accident</li><li>● No pre-existing condition exclusion</li></ul>	<ul style="list-style-type: none"><li>● Weekly paid benefits: Up to 66⅔% of pre-disability earnings</li><li>● Payments are reduced based on paid sick or vacation time</li><li>● Maximum Payable benefits: \$897.43 per week</li><li>● Minimum Payable benefits: \$67.31</li></ul>	Up to 26 weeks
Premium: \$0.316 per \$100 of your annual base pay – <b>EMPLOYEE PAID</b>		Employees can start a disability claim by contacting MetLife at 866-264-5144	



# SHORT TERM DISABILITY



Definition	Elimination Period	Benefit Payments	Maximum Duration
<ul style="list-style-type: none"><li>● <b>Voluntary</b> benefit coverage if you are unable to work due to:<ul style="list-style-type: none"><li>● Non-work related injury or illness</li><li>● Pregnancy &amp; maternity</li></ul></li></ul>	<ul style="list-style-type: none"><li>● No wait period if hospitalized or out patient surgery or pregnancy</li><li>● Pre-existing condition exclusion for first 6 months after initial election or after option level increase <i>(Pregnancy is not a pre-existing condition)</i></li></ul>	<ul style="list-style-type: none"><li>● Weekly paid benefits: Up to 70% of pre-disability earnings</li><li>● Payments not reduced by paid sick or vacation time</li><li>● Three coverage levels:<ul style="list-style-type: none"><li>A – up to \$750/week</li><li>B – up to \$1,500/week</li><li>C – up to \$2,000/week</li></ul>But not to exceed 70% of earnings</li></ul>	<ul style="list-style-type: none"><li>● Injury/Illness: Up to 26 weeks</li><li>● Includes \$5,000 life insurance policy and \$30,000 accidental death and dismemberment policy</li></ul>
Premium: \$0.77 per \$100 of your annual base pay – <b>EMPLOYEE PAID</b>		Employees can start a disability claim by contacting Unum at 800-858-6843	



# LIFE INSURANCE



## 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*



# LIFE INSURANCE



## 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

- \$2,000
- \$4,000
- \$6,000
- \$10,000
- \$12,000
- \$15,000
- \$50,000\*

\*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

## Limited Purpose FSA

Use with HDHP w/HSA Plan  
Use for dental & vision only

### 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 \$3,200

- Determine your annual election based on health expenses
- Your annual election will be divided by 24 for a per paycheck contribution

### 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

### Limited Rollover

- Claims Jan 1-Dec 31
- Deadline to submit claims: April 30 of following year
- Rollover \$640



Check account  
& upload claim  
docs anytime

**To continue participation, you must re-enroll each year during Open Enrollment.**

# FLEXIBLE SPENDING ACCOUNTS



## 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.

# AGENCY TRANSFER

- If you are employed at the U of A within **30 days** of separating from benefits-eligible employment at another Arizona public university or an Arizona state agency, you are eligible for special provisions.
- You may request reinstatement of your sick leave balance as well as a vacation accrual rate that accounts for your prior years of service.
- To request an agency transfer, please contact our team directly.





# HOW TO ENROLL

## Step 1 – Enroll

- Submit enrollments in the UAccess. You have 31 days to complete both the retirement AND benefits enrollment

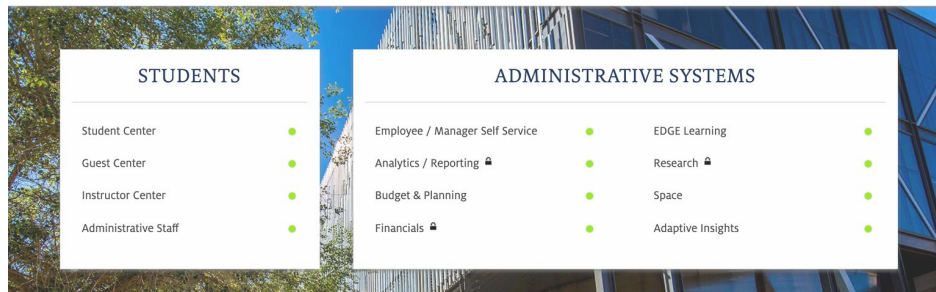
- ➡ [uaccess.arizona.edu](https://uaccess.arizona.edu)
- ➡ Employee/Manager Self Service and log in with NetID and password
- ➡ UA Employee Main Homepage
- ➡ University Benefits Tile

## 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](mailto: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



## University Benefits



[UA Employee Main Homepage](#)

[Benefit Details](#)

[Benefits Summary](#)

[Your Dependents/Beneficiaries](#)

[Your Benefits Enrollment](#)

[Document Upload](#)

[Benefit Statements](#)

[Affordable Care Act](#)

[Qualified Tuition Reduction](#)

[Contact Human Resources](#)

### Benefits Enrollment

Emma Kleiner

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 family 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](#).

#### Open Benefit Events

Event Description		Event Date	Event Status	Job Title	
Retirement Election (ORP elig)	<a href="#">i</a>	08/23/2021	Open	Legal Affairs Counsel I	<div>Select</div>



# CAN I CHANGE MY BENEFITS?

## 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, marriage, 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

# DISCOUNTS

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

Perks at Work: [perksatwork.com](https://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.



Human Resources



# 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, & UAGC\*
- UAGC's tuition rates are charged per credit hour
- Employee & spouse = \$25/semester
- Children = 25% of in-state tuition
- Reduction is to tuition only; program fees still apply



	Employees	Spouse	Dependent Children
<b>Tuition Reduction</b> UofA, ASU and NAU	Tuition is reduced to \$25/semester	Tuition is reduced to \$25 per semester	Tuition is reduced to 25% of in-state tuition
<b>Tuition Reduction</b> UAGC	<p>Tuition is reduced to \$3.57 per credit hour for undergraduate programs.</p> <p>Tuition is \$4 per credit hour for master's and doctoral programs.</p>	<p>Tuition is \$3.57 per credit hour for undergraduate programs.</p> <p>Tuition is \$4 per credit hour for graduate programs.</p> <p>Includes qualified domestic partners.</p>	Tuition is reduced to 25% of tuition
<b>Credit Hours Covered</b>	<p>Fall/Spring: 1-9 credit hours. Summer/Winter: 1-6 credit hours</p> <p>Credits above these ranges are charged at the in-state per-credit resident tuition rate.</p>	<p>Fall/Spring: 1-9 credit hours. Summer/Winter: 1-6 credit hours</p> <p>Credits above these ranges are charged at the in-state per-credit resident tuition rate.</p>	No Limit

QTR Website: <https://hr.arizona.edu/benefits/education-benefits>



Human Resources





# EDUCATIONAL ASSISTANCE PLAN (EAP)

This benefit parallels QTR but is available for employees pursuing graduate level degrees at substantially reduced rates.

- Tax implications for graduate level QTR benefit
- For employees, tuition savings over \$5,250 per year are taxed through payroll as employee income
- For dependents, all tuition benefits received are taxable as employee income



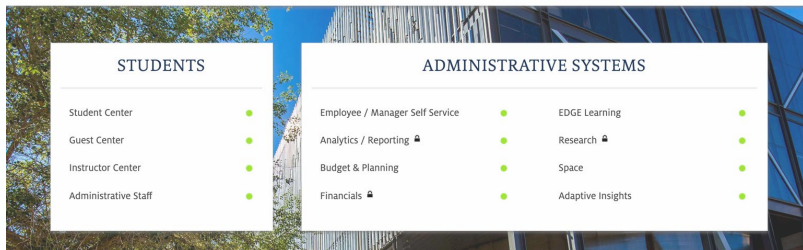
# DOMESTIC PARTNER TUITION PROGRAM (DPTP)

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

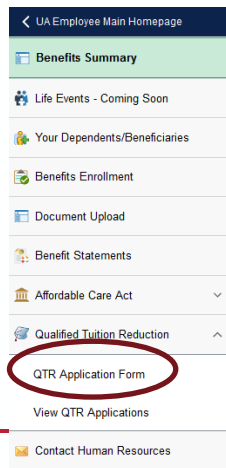
- Available for UofA and UAGC courses, not NAU or ASU
- Domestic Partner Affidavit required
- Partner's dependent children are eligible
- Awarded like a scholarship (Form 1098-T)



# HOW TO APPLY



University Benefits



Human Resources

- 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
- You must reapply EVERY semester in which you wish to use QTR

# LIFE & WORK CONNECTIONS



## INSPIRING WELL-BEING:

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



THE UNIVERSITY OF ARIZONA  
**Life & Work  
Connections**

(520) 621-2493 [lifework.arizona.edu](https://lifework.arizona.edu)



# CONTACT AND RESOURCES:

Phone: 520-621-3660

E-mail: [hrsolutions@arizona.edu](mailto:hrsolutions@arizona.edu)

Website: <https://hr.arizona.edu/employees-affiliates/benefits>

**Thank you!**



Human Resources