WELCOME

BENEFITS ORIENTATION
Benefits will be effective the first day of the pay period following your enrollment.

Enrollment must be completed within 31 days following YOUR date of hire.
Health Benefits
- Medical Care
- Dental Care
- Vision Care
- Flexible Spending Account

Financial Security
- Life Insurance
- Short Term Disability
- Long Term Disability
- Home & Auto Discounts

Retirement
- Arizona State Retirement System
- Optional Retirement Plan
- Supplemental Retirement Plans
Medical Benefits

No pre-existing condition exclusions.

Pharmacy benefits are included in medical plan.
TRIPLE CHOICE PLAN

Carriers:

• United Healthcare
• Blue Cross Blue Shield

HIGH DEDUCTIBLE HEALTH PLAN WITH HSA

Carriers:

• United Healthcare
• Blue Cross Blue Shield
## TRIPLE CHOICE PLAN

<table>
<thead>
<tr>
<th></th>
<th>Choose a Doctor</th>
<th>Meet the Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Choose a Doctor</td>
<td>Meet the Deductible</td>
</tr>
<tr>
<td>Tier 1</td>
<td>In-network/lowest cost</td>
<td>Tier 1 $200 / $400</td>
</tr>
<tr>
<td>Tier 2</td>
<td>In-network/higher cost</td>
<td>Tier 2 $1,000 / $2,000</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Out-of-network/highest cost</td>
<td>Tier 3 $5,000 / $10,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Pay Co-pays/Co-insurance</th>
<th>Reach the Out-of-Pocket Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Pay Co-pays/Co-insurance</td>
<td>Reach the Out-of-Pocket Max</td>
</tr>
<tr>
<td>Tier 1</td>
<td>In-network/fixed co-pay</td>
<td>Tier 1 $7,350 / $14,700</td>
</tr>
<tr>
<td>Tier 2</td>
<td>In-network/same co-pay</td>
<td>Tier 2 $7,350 / $14,700</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Out-of-network/50% co-insurance</td>
<td>Tier 3 $8,700 / $17,400</td>
</tr>
</tbody>
</table>
HIGH DEDUCTIBLE HEALTH PLAN
WITH HEALTH SAVINGS ACCOUNT

- **Deductible**
  - $1,500 single
  - $3,000 family

- **10% coinsurance**

- **Out-of-Pocket Maximum**
  - $3,500 single
  - $7,000 family

**CARRIERS:** United Healthcare OR Blue Cross Blue Shield

**HEALTH SAVINGS ACCOUNT PROVIDER:** Optum

- Premiums – lower than TCP
- University contribution: $30 single/$60 family each pay period
- Coinsurance
The UA Alternative Plan is available only to employees who are insuring a domestic partner.

Insurance deductions are taken only twice per month (24 pay periods). When there are three pay periods 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>Participants Covered</th>
<th>2021 Employee Cost</th>
<th>2021 Employer Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Per Pay Period†</td>
<td>Per Month</td>
</tr>
<tr>
<td>TCP</td>
<td>Employee Only</td>
<td>$28.36</td>
<td>$56.72</td>
</tr>
<tr>
<td></td>
<td>Employee + Adult</td>
<td>$77.45</td>
<td>$154.90</td>
</tr>
<tr>
<td></td>
<td>Employee + Child</td>
<td>$62.08</td>
<td>$124.16</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$131.75</td>
<td>$263.50</td>
</tr>
<tr>
<td>TCP</td>
<td>Employee Only</td>
<td>$11.00</td>
<td>$22.00</td>
</tr>
<tr>
<td></td>
<td>Employee + Adult</td>
<td>$33.00</td>
<td>$66.00</td>
</tr>
<tr>
<td></td>
<td>Employee + Child</td>
<td>$28.05</td>
<td>$56.10</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$61.05</td>
<td>$122.10</td>
</tr>
<tr>
<td>UA Alternative Plan*</td>
<td>Employee + Adult</td>
<td>$77.45</td>
<td>$154.90</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$131.75</td>
<td>$263.50</td>
</tr>
</tbody>
</table>
Dental PPO – 

See any licensed dentist, some services are subject to annual deductible or benefit limit

*Delta Dental*

Dental HMO –

Restricted to in-network dental providers
Must register with primary dentist
Reduced costs for services (fixed co-payments)

*Cigna Dental*
**DENTAL INSURANCE**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Tier</th>
<th>2021 Employee Cost/Paycheck</th>
<th>2021 Employer Cost/Paycheck</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Per Pay Period†</td>
<td>Per Month</td>
</tr>
<tr>
<td><strong>Delta Dental</strong></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><strong>Cigna Dental HMO</strong></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><strong>UA Alternative Plan:</strong></td>
<td>Employee + Adult</td>
<td>$32.86</td>
<td>$65.72</td>
</tr>
<tr>
<td>Delta Dental*</td>
<td>Family</td>
<td>$52.28</td>
<td>$104.56</td>
</tr>
<tr>
<td><strong>UA Alternative Plan:</strong></td>
<td>Employee + Adult</td>
<td>$3.56</td>
<td>$7.12</td>
</tr>
<tr>
<td>Total Dental Administrators*</td>
<td>Family</td>
<td>$5.92</td>
<td>$11.84</td>
</tr>
</tbody>
</table>

- The UA Alternative Plan is available only to employees who are insuring a domestic partner.
- Insurance deductions are taken only twice per month (24 pay periods). When there are three pay periods in a month, the third is a “premium holiday” when deductions are not taken out of your paycheck.
Vision - Co-payment for routine eye exam; allowance for eyeglasses, frames, or contact lenses; LASIK allowance

Avesis
• The UA Alternative Plan is available only to employees who are insuring a domestic partner.
• Insurance deductions are taken only twice per month (24 pay periods). When there are three pay periods in a month, the third is a “premium holiday” when deductions are not taken out of your paycheck.

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<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 Benefits

Available to employees enrolling a domestic partner.

Additional documentation is needed to enroll.
The University Alternative Plan is only available if you are enrolling a domestic partner as a dependent. Family coverage is available. It is administered by the University.

**Medical** – United Healthcare HMO  
Deductible = $400

**Dental** – Delta Dental (PPO) or Total Dental (HMO)

**Vision** – Avesis
Flexible Spending Accounts
Healthcare and dependent care FSAs

Roll over up to $550 of unused healthcare funds.

Grace period for dependent care funds
<table>
<thead>
<tr>
<th>Health Care</th>
<th>$2,750 maximum per year, debit card option, limited FSA if enrolled in HDHP, <strong>ASIFLEX</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Care</td>
<td>$5,000 maximum per year, dependent children must meet age eligibility, <strong>ASIFLEX</strong></td>
</tr>
</tbody>
</table>

To continue participation, you must re-enroll each year during Open Enrollment
Short Term Disability Benefits

Video Comparing Short Term Disability Plans
Long Term Disability Benefits

Enrollment is automatic and based on your retirement plan. Your benefit is $66\frac{2}{3}\%$ of your monthly earnings.

Arizona State Retirement System (ASRS)
Premium is 0.18%, Broadspire Services, Inc.

Optional Retirement Plan (ORP)
Premium is paid by employer, MetLife.
Basic Life Insurance enrollment is automatic.

$15,000 of Basic Life Insurance coverage is paid by the employer.

Supplemental Life Insurance enrollment is voluntary.
## Life Insurance Benefits

<table>
<thead>
<tr>
<th>Securian</th>
<th>The Hartford</th>
</tr>
</thead>
</table>
| Elect in $5,000 increments.  
Increases may not exceed $20,000 per plan year after initial enrollment.  
Maximum: $500,000 or 3 times your annual salary, whichever is less.  
Dependent Life (spouse/children): Ranges from $2,000–$50,000 of coverage.  
  • Employee must have a minimum $35,000 Supplemental Life insurance to elect $50,000 for dependent. | 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.  
Dependent Life (spouse/children/domestic partner: Option of $5,000 of coverage  
  • Employee must be enrolled in one of The Hartford insurance options in order to elect dependent coverage. |
Additional Benefits

Home & Auto
Liberty Mutual and Travelers

Employee Discounts
Visit: www.perksatwork.com, Wildcat Perks

Qualified Tuition Reduction (QTR)
Arizona State Retirement System

Optional Retirement Plan

Supplemental Retirement Plans
Provider: 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: 12.22% (Includes Long Term Disability)

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

Open your ASRS online account with the code 69V00040
Providers: 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
Provider Enrollment

Must make an election in UAccess **within** 30 days following date of hire. Then you need to set up your account with Fidelity or TIAA.

**Fidelity Plan ID:** 67444

**University’s Fidelity Representatives:**
Nick Maly  
480-933-5315  
[nicholas.maly@fmr.com](mailto:nicholas.maly@fmr.com)

Chad McLain  
480-322-9743  
[chad.mclain@fmr.com](mailto:chad.mclain@fmr.com)

**TIAA Access Code:** AZQ192

**University’s TIAA Representatives:**
Donn Fitch  
480-350-3209  
daftich@tiaa.org

Julie Flores  
505-600-4326  
julie.flores@tiaa.org

Thomas Whisenant  
303-626-4021  
thomas.whisenant@tiaa.org
You and UA Access

Must complete an enrollment in UAccess within 30 days following date of hire.

Enrollment is irrevocable. If no plan is elected, then enrollment will default to ASRS.
Providers: 403(b): Fidelity Investments or TIAA
        457 Deferred Compensation: Nationwide

Plan Types: 403(b) and/or 457 Deferred Compensation

Waiting Period: No wait. Can enroll at any time

Enrollment: 403(b): [www.netbenefits.com/aus](http://www.netbenefits.com/aus)
            457 Deferred Compensation: Contact Nationwide
Thank you

(520) 621-3660

hr.arizona.edu

hrsolutions@email.arizona.edu