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.
Benefits information (and official University messages) are sent to your Official UArizona email address.

If you forward your emails, make sure messages don’t go to junk mail folder.
HEALTH BENEFITS
• Medical Care
• Dental Care
• Vision Care
• Flexible Spending Account

FINANCIAL SECURITY
• Life Insurance
• Short-Term Disability
• Long-Term Disability
• Discounts
• Qualified Tuition Reduction

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.
MEDICAL PLAN

TRIPLE CHOICE PLAN

CARRIERS:

• UnitedHealthcare
• Blue Cross Blue Shield

HIGH-DEDUCTIBLE HEALTH PLAN WITH HSA

CARRIERS:

• UnitedHealthcare
• Blue Cross Blue Shield
TRIPLE CHOICE PLAN

Check with your provider to determine the tier before you visit.

<table>
<thead>
<tr>
<th></th>
<th>Choose a Doctor</th>
<th>Meet the Deductible</th>
<th>Pay Copays/Coinsurance</th>
<th>Reach the Out-of-Pocket Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>In-network/lowest cost</td>
<td>Tier 1</td>
<td>$200 / $400</td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>In-network/higher cost</td>
<td>Tier 2</td>
<td>$1,000 / $2,000</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>Out-of-network/highest cost</td>
<td>Tier 3</td>
<td>$5,000 / $10,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 1</td>
<td>$7,350 / $14,700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>In-network/same copay</td>
<td>Tier 2</td>
<td>$7,350 / $14,700</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>Out-of-network/50% coinsurance</td>
<td>Tier 3</td>
<td>$8,700 / $17,400</td>
<td></td>
</tr>
</tbody>
</table>

Human Resources
HIGH-DEDUCTIBLE HEALTH PLAN
WITH HEALTH SAVINGS ACCOUNT

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

HEALTH SAVINGS ACCOUNT PROVIDER:
- Optum

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

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

- Premiums: Lower than TCP
- University contribution: $30 single/$60 family each pay period
- Coinsurance (10% in-network, 50% out-of-network)
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>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>TCP</td>
<td>Employee + Adult</td>
<td>$77.45</td>
<td>$154.90</td>
</tr>
<tr>
<td>TCP</td>
<td>Employee + Child</td>
<td>$62.08</td>
<td>$124.16</td>
</tr>
<tr>
<td>TCP</td>
<td>Family</td>
<td>$131.75</td>
<td>$263.50</td>
</tr>
<tr>
<td>HDHP with HSA</td>
<td>Employee Only</td>
<td>$11.00</td>
<td>$22.00</td>
</tr>
<tr>
<td>HDHP with HSA</td>
<td>Employee + Adult</td>
<td>$33.00</td>
<td>$66.00</td>
</tr>
<tr>
<td>HDHP with HSA</td>
<td>Employee + Child</td>
<td>$28.05</td>
<td>$56.10</td>
</tr>
<tr>
<td>HDHP with HSA</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>UA Alternative Plan*</td>
<td>Family</td>
<td>$131.75</td>
<td>$263.50</td>
</tr>
</tbody>
</table>
Dental PPO (Delta Dental)
See any licensed dentist. Some services are subject to annual deductible or benefit limit.

Dental HMO (Cigna Dental)
Restricted to in-network dental providers. Must register with primary dentist. Reduced costs for services (fixed co-payments).
<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>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>Cigna 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:</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>UA Alternative Plan:</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>
Vision *(Avesis)*
Copayment for routine eye exam. Allowance for eyeglasses, frames, contact lenses, or LASIK.
<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Coverage</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>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.
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 = $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
- Temporary expansions until 2022
<table>
<thead>
<tr>
<th><strong>HEALTHCARE:</strong></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><strong>DEPENDENT CARE:</strong></td>
<td>$5,000 maximum per year ($2,500 if single), 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:
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 the University.
MetLife.
$15,000 of Basic Life Insurance coverage is paid by the University.

Enrollment is automatic.

Supplemental Life Insurance enrollment is voluntary.
LIFE INSURANCE BENEFITS

SECURIAN:

• 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 to $50,000 of coverage. *Domestic Partners are not eligible for dependent coverage.*

Employee must have a minimum $35,000 Supplemental Life insurance to elect $50,000 dependent.

THE HARTFORD:

• 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/partner/children):** Option of $5,000 of coverage.

Employee must be enrolled in one of The Hartford insurance options in order to elect dependent coverage.
QUALIFIED TUITION REDUCTION (QTR) and DOMESTIC PARTNER TUITION PROGRAM (DPTP)

Employee, spouse/partner, dependent* children

Use for undergraduate or graduate courses

* Must meet IRS qualifications as dependent and be claimed as a dependent on a tax return.
QUALIFIED TUITION REDUCTION (QTR)

- Take courses at UArizona, ASU, NAU only
- Employee & spouse = $25/semester
- Children = 25% of in-state tuition
- Must be benefits-eligible on day one of semester
- Reapply each semester
- Benefit may be taxable
- Tuition calculator on Bursar’s Office website
DOMESTIC PARTNER TUITION PROGRAM (DPTP)

• Available for UArizona courses only
• Provisions match QTR
• Domestic Partner Affidavit required
• Partner’s dependent children are eligible
• Awarded like a scholarship (Form 1098-T)
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.
• Arizona State Retirement System

• Optional Retirement Plan

*Retirement plans are mandatory and you must enroll in a retirement plan first before your benefit event will open.*

• Supplemental Retirement Plans
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

Complete your ASRS online account with the code 69V00040
OPTIONAL RETIREMENT PLAN
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 elect in UAccess within 30 days after date of hire.
Then 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
• Chad McLain
  480-322-9743
  chad.mclain@fmr.com

TIAA Access Code: AZQ192

University’s TIAA Representatives:
• Donn Fitch
  480-350-3209
  dfitch@tiaa.org
• Julie Flores
  505-600-4326
  julie.flores@tiaa.org
• Thomas Whisenant
  303-626-4021
  thomas.whisenant@tiaa.org
Must submit your enrollment in UAccess within 30 days after date of hire.

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

Enrollment is irrevocable.

uaccess.arizona.edu
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
457 Deferred Compensation: Contact Nationwide
LIFE & WORK CONNECTIONS

INSPIRING WELL-BEING:

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

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

520-621-3660

hr.arizona.edu

hrsolutions@email.arizona.edu