



2027 Benefits at a Glance

1116 (TEP)

Medical Plan Highlights

	PPO Plan A		PPO Plan B		HDHP with HSA	
	In-network	Out-of-Network	In-network	Out-of-Network	In-network	Out-of-Network
Deductible (Individual / Family)	\$250/\$500	\$500/\$1,000	\$800/\$1,600	\$1,600/\$3,200	\$1,750/\$3,500	\$3,500/\$7,000
Out-of-Pocket (Individual / Family)	\$1,250/\$3,000	\$3,500/\$7,000	\$3,300/\$6,600	\$6,600/\$13,200	\$3,500/\$7,000	\$10,500/\$21,000
PCP / Specialist	\$20/\$30	30% after ded	\$20/\$50	50% after ded	20% after ded	50% after ded
Inpatient Hospital	10% after ded	30% after ded	30% after ded	50% after ded	20% after ded	50% after ded
Outpatient Surgery	10% after ded	30% after ded	30% after ded	50% after ded	20% after ded	50% after ded
Urgent Care	\$35 copay	30% after ded	\$35 copay	50% after ded	20% after ded	50% after ded
Emergency Room	\$100 copay		\$150 copay		20% after ded	

Annual Wellness Credit

Earn a credit towards your medical premiums for completing your annual physical and labs
PPO A & PPO B - \$500 and HDHP - \$200

Dental Plan Highlights

	Delta Dental of Arizona PPO	
	In-network	Out-of-Network
Deductible (Individual/ Family)	\$50/\$150	
Annual Maximum	\$2,000/person	
Preventive	Covered in full	Covered at in network rate
Basic Services (Endo & Perio)	20% after ded	20% after ded
Major Services	40% after ded	40% after ded
Orthodontia Services (children, ages 8-19)	40% after ded	40% after ded
Ortho Lifetime Max.	\$1,500	

Vision Plan Highlights

	VSP Vision	
	In-network	Out-of-Network
Exam Every 12 months	\$10 copay	Up to \$50
Lenses Every 12 months Single/bifocal	100% within plan allowance Specialty lenses are additional cost	\$50/\$75
Frames Every 12 months	\$150 allowance \$200 Featured brands	Up to \$70
Contacts Every 12 months, in lieu of frames	\$130 allowance	Up to \$105

HSA and FSA Options and Contribution Limits

Account Type	Contribution Limits (Pre-Tax)
Health Savings Account	\$4,500 individual or \$9,000 family (+\$1,000 catch up if over age 55)
Health Care FSA	\$3,500
Limited Purpose FSA	\$3,500
Dependent Care FSA	\$7,500 Single or Married Filing Jointly or \$3,750 Married Filing Separately

Please note: Consult your tax advisor for additional taxation information or advice.

Employer Paid Employee Assistance Program

Provided by Uprise Health, the Employee Assistance Program (EAP) features up to 6 face-to-face visits with telephonic assistance for each incident and can help with a variety of topics. Services available to all members of your household.



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Employer Paid Basic Life and AD&D through The Hartford

Life Insurance	\$50,000
AD&D Insurance	\$20,000

Voluntary Life/AD&D through The Hartford

Employee	\$10K, \$50K, 1.5x salary, 3x salary, or 4.5x salary. Amounts above 1.5x salary to \$300K will require proof of good health.
Spouse	Increments of \$10,000 to a maximum of \$150,000. Amounts above \$50,000 will require proof of good health.
Child(ren)	Increments of \$2,000 to a maximum of \$10,000.

Short Term Disability (STD) through The Hartford

Base Plan (Employer Paid)	100% coverage for the first 26 weeks of a disability
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Long Term Disability (LTD) through The Hartford

Base Plan (Employer Paid)	66.67% of monthly income, maximum of \$2,000 per month. Elimination period of 180 days
Buy-up Plans (Employee Paid)	50% to \$10,000 per month or \$66.67% to \$10,000 per month

Voluntary Critical Illness Plan

This policy, provided to you by The Hartford, will pay a benefit directly to the insured member to help with the expenses associated with specific life-threatening diseases or debilitating illness such as cancer, heart attack, or stroke.

Employee Coverage Amount	\$5,000, \$10,000, or \$20,000
Spouse Coverage Amount	50% of your coverage amount
Child(ren)	25% of your coverage amount

Voluntary Group Accident Plan

The Hartford's policy pays a benefit amount directly to the insured member to help families offset the expenses associated with accidents or injuries. See full list of possible benefit payouts in the Accident Plan document on the Benefits Website.

Benefit	Plan 1	Plan 2	Plan 3
Ambulance (Ground)	\$200	\$300	\$400
Emergency Room	\$100	\$150	\$200
Urgent Care	\$50	\$75	\$100

Business Travel Accident Plan

Pays a benefit of up to \$250,000 for serious injuries, loss of limbs, or accidental death during a business trip.

2027 Per Pay Period Rates

Tier	PPO Plan A	PPO Plan B	HDHP with HSA	Delta Dental PPO	VSP Vision
Employee Only	\$109.09	\$51.74	\$41.68	\$4.21	\$4.80
Employee + Spouse	\$218.19	\$103.45	\$83.37	\$8.42	\$8.10
Employee + Children	\$185.59	\$88.00	\$70.86	\$7.16	\$8.15
Employee + Family	\$295.06	\$139.70	\$112.54	\$11.37	\$12.96

Benefits Resources

Resource

Benefits Website (24/7)	https://myunsbenefits.com/
UNS HR Solutions Center	Open a Help Case in Workday – Home > Personal > Help > Create Case
Enrollment Website - Workday	www.myworkday.com/tep