



# 2027 Benefits at a Glance

387 UES

## 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)    | \$425/\$850     | \$850/\$1,700   | \$800/\$1,600   | \$1,600/\$3,200  | \$1,750/\$3,500 | \$3,500/\$7,000   |
| Out-of-Pocket (Individual / Family) | \$1,900/\$3,800 | \$3,800/\$7,600 | \$3,300/\$6,600 | \$6,600/\$13,200 | \$3,500/\$7,000 | \$10,500/\$21,000 |
| PCP / Specialist                    | \$20/\$50       | 40% after ded   | \$20/\$50       | 50% after ded    | 20% after ded   | 50% after ded     |
| Inpatient Hospital                  | 15% after ded   | 40% after ded   | 30% after ded   | 50% after ded    | 20% after ded   | 50% after ded     |
| Outpatient Surgery                  | 15% after ded   | 40% after ded   | 30% after ded   | 50% after ded    | 20% after ded   | 50% after ded     |
| Urgent Care                         | \$35 copay      | 40% after ded   | \$35 copay      | 50% after ded    | 20% after ded   | 50% after ded     |
| Emergency Room                      | \$150 copay     |                 | \$150 copay     |                  | 20% after ded   |                   |

## Annual Wellness Credit

Earn \$500 credit toward your medical premiums for completing your annual physical and labs.

## Dental Plan Highlights

|                                          | Delta Dental of Arizona PPO |                            |
|------------------------------------------|-----------------------------|----------------------------|
|                                          | In-network                  | Out-of-Network             |
| Deductible (Individual/ Family)          | \$100/\$300                 |                            |
| 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 (adults & children) | 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<br>Specialty lenses are additional cost | \$50/\$75      |
| Frames Every 12 months                      | \$150 allowance<br>\$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 through The Hartford

Life Insurance 1.5 times your annual salary up to \$500,000

## Voluntary Life/AD&D through The Hartford

|      | Employee                                                                             | Spouse                                                                              | Children                             | Family                                       |
|------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------|
| Life | Increments of \$10k to \$500k<br>Amounts over \$350k require<br>proof of good health | Increments of \$10k to \$150k<br>Amounts over \$50k require<br>proof of good health | Increments of \$2,000<br>to \$10,000 | N/A                                          |
| AD&D | Increments of \$10k to \$600k                                                        | 50% of employee amount                                                              | 15% of employee<br>amount            | 40% spouse & 10% child<br>of employee amount |

## Short Term Disability (STD) through The Hartford

Base Plan (Employer Paid) 100% coverage for the first 13 weeks of a disability

Buy-Up Supplemental Plan (Employee Paid) 100% coverage for weeks 14-26 of a disability

## Long Term Disability (LTD) through The Hartford

Base Plan (Employer Paid) 50% of monthly income, maximum of \$3,000 per month. Elimination period of 180 days

Buy-up Plans (Employee Paid) 60% to \$15,000 per month **or** \$66.67% to \$15,000 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       | \$3.37           | \$4.80     |
| Employee + Spouse   | \$218.19   | \$103.45   | \$83.37       | \$6.74           | \$8.10     |
| Employee + Children | \$185.59   | \$88.00    | \$70.86       | \$5.72           | \$8.15     |
| Employee + Family   | \$295.06   | \$139.70   | \$112.54      | \$9.09           | \$12.96    |

## Benefits Resources

### Resource

|                              |                                                                     |
|------------------------------|---------------------------------------------------------------------|
| Benefits Website (24/7)      | <a href="https://myunsbenefits.com/">https://myunsbenefits.com/</a> |
| UNS HR Solutions Center      | Open a Help Case in Workday – Home > Menu > Help > Create Case      |
| Enrollment Website - Workday | <a href="http://www.myworkday.com/tep">www.myworkday.com/tep</a>    |