



2027 Benefits at a Glance

Unclassified (Non-Union)

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 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	1.5 times your annual salary up to \$500,000
AD&D Insurance	\$20,000

Voluntary Life/AD&D through The Hartford

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

Benefit of 66.67% of your monthly earnings to a maximum of \$10,000 per month. Payable after an elimination period of 180 days.

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 Examples	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

Benefit of up to \$250,000 pays to you or your beneficiaries if you are injured or pass away during business travel.

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	\$3.21	\$4.80
Employee + Spouse	\$218.19	\$103.45	\$83.37	\$6.41	\$8.10
Employee + Children	\$185.59	\$88.00	\$70.86	\$5.45	\$8.15
Employee + Family	\$295.06	\$139.70	\$112.54	\$8.66	\$12.96

Benefits Resources

Resource

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