

**BENEFITS SUMMARY SHEET**  
(Effective: January 1, 2014 – December 31, 2014)

**Benefits Office –Coordinators:**

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**Benefit Plan Information:**

[www.benefitoptions.az.gov](http://www.benefitoptions.az.gov)

**Employee Account:**

[www.yes.az.gov](http://www.yes.az.gov)

(Employee Cost/Per Pay Period – 26 per year)

**MEDICAL INSURANCE:**

|                            | <u>EMPLOYEE ONLY</u> | <u>EMPLOYEE + ADULT</u> | <u>EMPLOYEE + CHILD</u> | <u>FAMILY</u> |
|----------------------------|----------------------|-------------------------|-------------------------|---------------|
| CIGNA EPO                  | \$18.46              | \$54.92                 | \$46.62                 | \$102.00      |
| UnitedHealthcare (UHC) EPO | \$18.46              | \$54.92                 | \$46.62                 | \$102.00      |
| UnitedHealthcare (UHC) PPO | \$71.54              | \$161.54                | \$152.77                | \$224.31      |
| Ameriben (BCBS of AZ) EPO  | \$18.46              | \$54.92                 | \$46.62                 | \$102.00      |
| Ameriben (BCBS of AZ) PPO  | \$71.54              | \$161.54                | \$152.77                | \$224.31      |
| Aetna EPO                  | \$18.46              | \$54.92                 | \$46.62                 | \$102.00      |
| Aetna PPO                  | \$71.54              | \$161.54                | \$152.77                | \$224.31      |
| Aetna HSA                  | \$12.00              | \$47.08                 | \$37.38                 | \$89.08       |
| State HSA contribution     | \$27.70              | \$55.39                 | \$55.39                 | \$55.39       |

**DENTAL INSURANCE:**

|              | <u>EMPLOYEE ONLY</u> | <u>EMPLOYEE + ADULT</u> | <u>EMPLOYEE + CHILD</u> | <u>FAMILY</u> |
|--------------|----------------------|-------------------------|-------------------------|---------------|
| Total Dental | \$1.86               | \$3.72                  | \$3.50                  | \$6.12        |
| Delta Dental | \$14.30              | \$30.33                 | \$23.34                 | \$48.26       |

**VISION INSURANCE:**

|                    | <u>EMPLOYEE ONLY</u> | <u>EMPLOYEE + ONE</u> | <u>FAMILY</u> |
|--------------------|----------------------|-----------------------|---------------|
| Avesis Vision Plan | \$2.23               | \$6.24                | \$7.78        |

**MEDICAL CARE FLEXIBLE SPENDING ACCOUNT:**

Minimum contribution \$5.00; maximum \$96.15 per pay period or \$2,500 per year

**DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT:**

Minimum contribution \$10.00; maximum \$192.30 per pay period or \$5,000 per year

**BASIC LIFE INSURANCE (provided by the State):**

The Hartford - \$15,000, plus \$15,000 Accidental Death & Dismemberment, \$15,000 Seat Belt Benefit, \$1,000 Non-Smoker

**SUPPLEMENTAL LIFE INSURANCE:**

Increments of \$5,000, not to exceed three (3) times annual salary or \$300,000 (whichever is less)

| <b>Employee age:</b>             | <u>&lt;30</u> | <u>30-34</u> | <u>35-39</u> | <u>40-44</u> | <u>45-49</u> | <u>50-54</u> | <u>55-59</u> | <u>60-69</u> | <u>70+</u> |
|----------------------------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|
| <b>Cost per \$5,000 coverage</b> | \$0.23        | \$0.28       | \$0.32       | \$0.55       | \$0.74       | \$1.20       | \$1.71       | \$3.09       | \$4.89     |

**DEPENDENT LIFE INSURANCE:**

|             |   |
|-------------|---|
| \$0.43 for  | \$2,000 spouse, domestic partner & all dependent children   |
| \$0.87 for  | \$4,000 spouse, domestic partner & all dependent children   |
| \$1.30 for  | \$6,000 spouse, domestic partner & all dependent children   |
| \$2.60 for  | \$12,000 spouse, domestic partner & all dependent children  |
| \$3.25 for  | \$15,000 spouse, domestic partner & all dependent children  |
| \$11.19 for | \$50,000 spouse, domestic partner & all dependent children* |

\*only available if combined basic and supplemental coverage equal \$50,000

**SHORT-TERM DISABILITY INSURANCE:**

The Hartford

\$0.70 per \$100 of monthly base pay; Pays 66 2/3% of salary for illness/injury **off the job** for maximum of twenty-six (26) weeks.

**LONG-TERM DISABILITY INSURANCE:**

The Hartford (PSPRS & CORP members)

Coverage of 66 2/3% of salary beginning the first day after a six (6) month waiting period.

Sedgwick (ASRS members):

Coverage of 66 2/3% of salary beginning the first day after a 180 day waiting period.

**TEN (10) PAID HOLIDAYS:**

New Year's Day

Memorial Day

Columbus Day

Thanksgiving Day

Martin Luther King/Civil Rights Day

Independence Day

Veteran's Day

Christmas Day

President's Day

Labor Day

**VACATION LEAVE:**

4.62 hours earned per pay period for first 5 years (120 hours per year)

5.54 hours earned per pay period for years 6-10 (144 hours per year)

6.47 hours earned per pay period for years 11-20 (168 hours per year)

7.39 hours earned per pay period for 21+ years (192 hours per year)

**SICK LEAVE:**

4.62 hours earned per pay period

**RETIREMENT:**

Sworn - Public Safety Personnel Retirement System

Employee contribution – 5.35% (effective 7/1/13)

Employer contribution calculated by actuarial determination

www.psprs.com

Civilian - Arizona State Retirement System

Employee contribution – 11.30% plus 0.24% for long-term disability – Total 11.54% (effective 7/1/13)

Employer contribution – 11.54%

www.azasrs.gov

**UNIFORM ALLOWANCE:**

Sworn Employees

\$1,000/year, for uniform wearing sworn employees

\$425/year, plain clothed sworn employees

Civilian Employees

Allowance for selected positions

**CREDIT UNION AFFILIATIONS:**

Canyon State Credit Union

1558 W. Jackson-Numerous offices statewide

Phoenix, AZ 85007

602-255-7621 (plus shared banking)

www.gcscu.org

Arizona State Savings and Credit Union

1812 W. Monroe

777 S. Alvernon Way

Phoenix, AZ 85007

Tucson, AZ 85711

602-255-4426

602-628-5727

www.azstcu.org

**DEFERRED COMPENSATION (Payroll deduction):**

For information, contact Nationwide at 602-266-2733, ext. 1174 or 800-796-9753, www.arizonaadc.com

**INDUSTRIAL COMPENSATION (Coverage for job-related injuries)**