### BENEFITS SUMMARY SHEET  
**Effective: January 1, 2020 – December 31, 2020**

**Benefits Office – Coordinators:**
- Leanne Lunsford  
  llunsford@azdps.gov  
  602-223-2147
- Mary Adams  
  madams@azdps.gov  
  602-223-2115

**Benefit Plan Information:**
- **Employee Account:**  
  www.benefitoptions.az.gov

---

**MEDICAL INSURANCE:**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>EMPLOYEE ONLY</th>
<th>EMPLOYEE + ADULT</th>
<th>EMPLOYEE + CHILD</th>
<th>FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIGNA EPO</td>
<td>$20.92</td>
<td>$62.23</td>
<td>$52.82</td>
<td>$115.57</td>
</tr>
<tr>
<td>UnitedHealthcare (UHC) EPO</td>
<td>$20.92</td>
<td>$62.23</td>
<td>$52.82</td>
<td>$115.57</td>
</tr>
<tr>
<td>UnitedHealthcare (UHC) PPO</td>
<td>$53.34</td>
<td>$112.43</td>
<td>$75.30</td>
<td>$131.25</td>
</tr>
<tr>
<td>BCBS of AZ EPO</td>
<td>$20.92</td>
<td>$62.23</td>
<td>$52.82</td>
<td>$115.57</td>
</tr>
<tr>
<td>BCBS of AZ PPO</td>
<td>$53.34</td>
<td>$112.43</td>
<td>$75.30</td>
<td>$131.25</td>
</tr>
<tr>
<td>Aetna EPO</td>
<td>$20.92</td>
<td>$62.23</td>
<td>$52.82</td>
<td>$115.57</td>
</tr>
<tr>
<td>Aetna PPO</td>
<td>$53.34</td>
<td>$112.43</td>
<td>$75.30</td>
<td>$131.25</td>
</tr>
<tr>
<td>Aetna HSA</td>
<td>$10.15</td>
<td>$30.46</td>
<td>$25.89</td>
<td>$56.35</td>
</tr>
<tr>
<td>State HSA contribution</td>
<td>$27.69</td>
<td>$55.38</td>
<td>$55.38</td>
<td>$55.38</td>
</tr>
</tbody>
</table>

**DENTAL INSURANCE:**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>EMPLOYEE ONLY</th>
<th>EMPLOYEE + ADULT</th>
<th>EMPLOYEE + CHILD</th>
<th>FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna Dental</td>
<td>$1.64</td>
<td>$3.29</td>
<td>$3.08</td>
<td>$5.46</td>
</tr>
<tr>
<td>Delta Dental</td>
<td>$14.30</td>
<td>$30.33</td>
<td>$23.34</td>
<td>$48.26</td>
</tr>
</tbody>
</table>

**VISION INSURANCE:**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>EMPLOYEE ONLY</th>
<th>EMPLOYEE + ADULT</th>
<th>EMPLOYEE + CHILD</th>
<th>FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avesis Vision Plan</td>
<td>$1.84</td>
<td>$5.97</td>
<td>$5.89</td>
<td>$7.43</td>
</tr>
</tbody>
</table>

**MEDICAL CARE FLEXIBLE SPENDING ACCOUNT:**

Minimum contribution $5.00; maximum $100.00 per pay period or $2,650 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):**

Securian Financial - $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)

<table>
<thead>
<tr>
<th>Employee age</th>
<th>&lt;30</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost per $5,000 coverage</td>
<td>$0.14</td>
<td>$0.16</td>
<td>$0.17</td>
<td>$0.28</td>
<td>$0.36</td>
<td>$0.57</td>
<td>$0.82</td>
<td>$1.44</td>
<td>$1.44</td>
<td>$2.26</td>
</tr>
</tbody>
</table>

**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
- $2.17 for $10,000 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
- $10.85 for $50,000 spouse, domestic partner & all dependent children

*only available if employee also carries a minimum of $35,000 in additional supplemental life.*
SHORT-TERM DISABILITY INSURANCE:
MetLife
$0.14 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:
MetLife (PSPRS & CORP members)
Coverage of 66 2/3% of salary beginning the first day after a six (6) month waiting period.
Broadspire Services Inc. (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
www.psprs.com
Civilian - Arizona State Retirement System
Employee contribution—11.94% plus 0.17% for long term disability—Total 12.11% effective 7/1/19
Employer contribution – 12.11%
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

OneAZ 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 Matt Gayman/Nationwide at 602-316-4329, www.arizonadc.com

INDUSTRIAL COMPENSATION (Coverage for job-related injuries)