



**ARIZONA
WESTERN
COLLEGE**

2024-2025 Open Enrollment-Benefits

Benefits:

- **Free Insurance Options for Employees: Medical, Dental, Vision and Rx**
- **Health Savings Account Contributions**
- **Healthcare Bluebook**
- **Teladoc Services**
- **Wellness@Work /Annual Wellness incentive**
- **Inspira - Flexible Spending Accounts/Dependent Care/Medical**
- **Short-Term & Long Term Disability**
- **ASRS Retirement**
- **Aflac policies**
- **Life and AD&D insurance**
- **Additional Life insurance options**
- **Employee Assistance and Work-Life Services (EAP)**
- **Travel Emergency Assistance**
- **Identity Theft Protection**
- **Deferred Comp Plans**
- **Employee Network Discount**



Medical, Vision, Rx & Dental

3 Medical Plans – 4% increase to premiums

Plan A – (Employee coverage paid by Employee/AWC)

Deductible/Out-of-Pocket \$750/\$5,750; Co-insurance 80%/20% with copays

Plan B – (Employee coverage paid by AWC)

Deductible/Out-of-Pocket \$1,000/\$6,600; Co-insurance 75%/25% with copays

HDHP – (Employee coverage paid by AWC)

Individual Deductible/Out-of-Pocket ~~\$1,500/\$4,000~~; new \$1,600/\$4,800; Co-insurance 85%/15% after deductible is met

Family Deductible/Out-of-Pocket ~~\$3,000/\$8,000~~; new \$3,200/\$9,600; Co-insurance 85%/15% after deductible is met



MEDICAL PREMIUMS 23/24 PLAN YEAR

23/24 Premiums - Plan A with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
Plan A / HIE	Employee Only	\$ 155.00	\$ 735.00	\$ 890.00
Plan A / HIS	EE + Spouse	\$ 1,026.00	\$ 735.00	\$ 1,761.00
Plan A / HIC	EE + Child(ren)	\$ 927.00	\$ 735.00	\$ 1,662.00
Plan A / HIF	EE + Family	\$ 1,445.00	\$ 735.00	\$ 2,180.00

23/24 Premiums - Plan B with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
Plan B / HIBE	Employee Only	\$ -	\$ 735.00	\$ 735.00
Plan B / HISB	EE + Spouse	\$ 481.00	\$ 973.00	\$ 1,454.00
Plan B / HICB	EE + Child(ren)	\$ 419.00	\$ 951.00	\$ 1,370.00
Plan B / HIFB	EE + Family	\$ 750.00	\$ 1,048.00	\$ 1,798.00

23/24 Premiums - HDHP with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
HDHP / HIHE	Employee Only	\$ -	\$ 561.00	\$ 561.00
HDHP / HISH	EE + Spouse	\$ 389.00	\$ 740.00	\$ 1,129.00
HDHP / HICH	EE + Child(ren)	\$ 340.00	\$ 725.00	\$ 1,065.00
HDHP / HHFD	EE + Family	\$ 611.00	\$ 793.00	\$ 1,404.00

23/24 Premiums - DENTAL

Coverage Category		Employee Cost	AWC Cost	Total Premium
Dental / HEED	Employee Only	\$ -	\$ 40.00	\$ 40.00
Dental / HDSP	EE + Spouse	\$ 41.00	\$ 40.00	\$ 81.00
Dental / HDCH	EE + Child(ren)	\$ 36.00	\$ 40.00	\$ 76.00
Dental / HFD	EE + Family	\$ 61.00	\$ 40.00	\$ 101.00

23/24 Premiums - WAIVED

Coverage Category		Employee Cost	AWC Cost	Total Premium
Health HIEW / Waived	Employee Only	\$ -	\$ 735.00	\$ 735.00
Dental HEDW / Waived	Employee Only	\$ -	\$ 40.00	\$ 40.00

7/1/2023

MEDICAL PREMIUMS 24/25 PLAN YEAR

24/25 Premiums - Plan A with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
Plan A / HIE	Employee Only	\$ 162.00	\$ 764.00	\$ 926.00
Plan A / HIS	EE + Spouse	\$ 1,067.00	\$ 764.00	\$ 1,831.00
Plan A / HIC	EE + Child(ren)	\$ 964.00	\$ 764.00	\$ 1,728.00
Plan A / HIF	EE + Family	\$ 1,503.00	\$ 764.00	\$ 2,267.00

24/25 Premiums - Plan B with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
Plan B / HIBE	Employee Only	\$ -	\$ 764.00	\$ 764.00
Plan B / HISB	EE + Spouse	\$ 539.00	\$ 973.00	\$ 1,512.00
Plan B / HICB	EE + Child(ren)	\$ 474.00	\$ 951.00	\$ 1,425.00
Plan B / HIFB	EE + Family	\$ 822.00	\$ 1,048.00	\$ 1,870.00

24/25 Premiums - HDHP with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
HDHP / HIHE	Employee Only	\$ -	\$ 583.00	\$ 583.00
HDHP / HISH	EE + Spouse	\$ 434.00	\$ 740.00	\$ 1,174.00
HDHP / HICH	EE + Child(ren)	\$ 383.00	\$ 725.00	\$ 1,108.00
HDHP / HHFD	EE + Family	\$ 667.00	\$ 793.00	\$ 1,460.00

24/25 Premiums - DENTAL

Coverage Category		Employee Cost	AWC Cost	Total Premium
Dental / HEED	Employee Only	\$ -	\$ 42.00	\$ 42.00
Dental / HDSP	EE + Spouse	\$ 41.00	\$ 42.00	\$ 83.00
Dental / HDCH	EE + Child(ren)	\$ 36.00	\$ 42.00	\$ 78.00
Dental / HFD	EE + Family	\$ 62.00	\$ 42.00	\$ 104.00

24/25 Premiums - WAIVED

Coverage Category		Employee Cost	AWC Cost	Total Premium
Health HIEW / Waived	Employee Only	\$ -	\$ 764.00	\$ 764.00
Dental HEDW / Waived	Employee Only	\$ -	\$ 42.00	\$ 42.00

Effective 7/1/24



Medical Plans Comparison Chart — Benefits Effective July 1, 2024

Benefit Description	PLAN A		PLAN B		HDHP with HSA (HSA Employer Contribution)\$2,088 will be divided over 26 pays with a deposit of \$80.30 biweekly	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	Individual: \$750 Family: \$1,500	Individual: \$1,500 Family: \$3,000	Individual: \$1,000 Family: \$2,000	Individual: \$2,250 Family: \$4,500	Individual: \$1,600 Family: \$3,200	Individual: \$3,200 Family: \$6,400
Coinsurance	80%	50%	75%	50%	85%	60%
Out-of-Pocket Maximum**	Individual: \$5,750 Family: \$11,500	Individual: \$9,000 Family: \$9,000 per person	Individual: \$6,600 Family: \$13,200	Individual: \$10,000 Family: \$10,000 per person	Individual: \$4,800 Family: \$9,600	Individual: \$9,600 Family: \$19,200
Doctor's Office Visits	\$25 copay	50%*	\$30 PCP \$50 Specialist copay	50%*	85%*	60%*
TELADOC	No charge to member	N/A	No charge to member	N/A	85%* up to \$49 per visit after deductible is met	N/A
Preventive Care	100%	50%*	100%	50%*	100%	60%*
Hospital Care (Inpatient)	80%*	50%*	75%*	50%*	85%*	60%*
Emergency Room	\$150***	\$150***	\$150***	\$150***	85%*	60%*
Mental Health and Substance Abuse Treatment -Inpatient -Outpatient	80%* \$25 copay	50%* 50%*	75%* \$30 copay	50%* 50%*	85%* 85%*	60%* 60%*
PRESCRIPTION DRUGS 30-Day Supply (retail)						
Generic	\$10 copay or cost of the drug if less than \$10.00		\$10 copay or cost of the drug if less than \$10.00			
Formulary Brand	\$10 copay or 30%, whichever is greater to a maximum of \$150 per fill		\$10 copay or 30%, whichever is greater to a maximum of \$150 per fill			
Non-Formulary Brand	\$10 copay or 40% whichever is greater to a maximum of \$150 PLUS, the difference between the cost of the brand vs generic drug		\$10 copay or 40% whichever is greater to a maximum of \$150 PLUS, the difference between the cost of the brand vs generic drug		85%*	60%*
Specialty Drugs	25% of the cost of the drug to a maximum of \$150 per 30-day supply		25% of the cost of the drug to a maximum of \$150 per 30-day supply			
90-Day Supply (mail order)						
Generic	\$20 copay		\$20 copay		85%*	60%*
Formulary Brand	\$40 copay		\$40 copay		85%*	60%*
Non-Formulary Brand	\$60 copay		\$60 copay		85%*	60%*

* Coinsurance applied after deductible

** OOP maximum: deductible, copays and coinsurance all accumulate to the OOP maximum.

*** Copay after Deductible, then coinsurance applied.

This is not a complete list of covered services. Please see the Summary of Benefits and Coverage (SBC) for more detail and the Summary Plan Description (SPD) for a complete list.



Dental Plan Option - YABC/AmeriBen:

Coverage	
Deductible	\$50 per member
Calendar year maximum	\$1,500 per member
Preventive	Cover at 100%
Basic	80% after deductible
Major	50% after deductible
Orthodontics	50%; \$1,500 lifetime max

Coinsurance percentages shown in the above plan descriptions represent the percentages that the member is responsible for paying

Dental Plan ONLY - (Employee coverage paid by AWC)
 Dental Family Plan increase by **\$1.00**
 No - USA Network
 Yes - Mexico Network (IMS)

VSP VISION PLAN		
	Copay	Frequency
Well Vision Exams	\$10	Every 12 months
Lenses – every 12 months Single Vision Bifocal Trifocal	Included in Prescription Glasses	Every 12 months
Frames	\$130 allowance; \$70 allowance at Costco; 20% off amount over your allowance	Every 24 months
Contacts (instead of glasses)	Up to \$60	Every 12 months

Vision- (Employee coverage paid by AWC)
 Yes - USA Network
 No - Mexico Network



Flexible Spending Account (FSA) & Health Savings Account (HSA)

Inspira (FSA) – Pre-tax (Use it or Lose it)

Dependent Care - \$5,000

Medical - \$3,200

Only for Dental & Vision (if you have an HSA)

\$240 - Wellness Incentive - (Paid by AWC)

Annual Physical Exam & Lab Results – more information contact Health Coach

Health Equity (HSA) – Pre-tax (Roll-over)

Contributions

AWC Contributions will be spread over 26 pays ($\$2,088 / 26 \text{ pays} = \mathbf{\$80.30}$)

Individual - \$4,150

Family - \$8,300

Age 55+ “Catch-up” - \$1,000

\$240 - Wellness Incentive - (Paid by AWC)

Annual Physical Exam & Lab Results – For more information contact Health Coach

Investment Options

Build your portfolio and set your investment preferences



Basic Group Term Life and AD&D insurance & Optional Life insurance options

Basic Group Term Life Insurance- (Paid by AWC)

Employees with less than 2 years of service

\$20,000

Employees with 2 or more years of service

2.5 times your basic annual earnings

Both basic and additional life insurance are reduced to:

65% at age 65

50% at age 70

Designate beneficiaries for your basic life benefits

Coverage ends at termination of employment or retirement

Optional Life Insurance - (Paid by Employee)

Employee - \$10,000 - \$500,000 not to exceed 5x your basic annual earnings

New Hire – able to elect up to \$100,000 without EOI (NO medical questions)

Spouse - \$5,000 - \$25,000 (coverage terminated when spouse turns 70 years)

Child(ren) - \$1,000 - \$10,000 (coverage up to age 26 regardless of student status)



Short-Term, Long Term Disability & ASRS Retirement

Short-Term Disability - (Paid by AWC)

Accident/Illness up to 26 weeks

Weekly benefits 66.67% earnings up to \$1,000

Benefits begin – 60th day

Long-Term Disability - (Paid by Employee/AWC)

Rate – 0.15%

Benefits will begin after 6 consecutive months

Monthly benefit is 66.67%

<https://www.azasrs.gov/>

Arizona State Retirement System - (Paid by Employee/AWC)

Effective 07/01/2024 – **12.12%**

<https://www.azasrs.gov/>



Deferred Compensation Vendors

403/457B Plans - \$23,000 for 2024

- Edward Jones/Empower Retirement
- Metlife
- Yuma Investment Group Wealth Management
- Valic
- SJI



403b and 457b Vendor Contact List

THE HARTFORD/EDWARD JONES (MASSMUTAL)

Sarah Ramirez, Financial Advisor

Phone: 928-314-1344

Email: Sarah.Ramirez@edwardjones.com

7929 E 32nd St Suite 7

Yuma, AZ 85365

METLIFE

Bill Babicke, Financial Advisor

Phone: 520-751-4919

Cell: 520-490-4732

Email: wbabicke@goldbookfinancial.com

4400 E Broadway Suite 600L

Tucson, 85711

YUMA INVESTMENT GROUP WEALTH MANAGEMENT

Tom Rush, Wealth Advisor

Phone: 928-329-1700

Email: Tom@yumainvestmentgroup.com

182 E 16th St., Suite D

Yuma, AZ 85364

VALIC (formerly AIG)

Financial Advisors

Phone: 1-800-448-2542

11201 N Tatum Ave Ste 100

Phoenix, AZ 85028

VOYA (formerly ING)

Nancy Tran Bakshi, Financial Advisor

Phone: 520-639-2677

Email: Nancy.bakshi@voyafa.com

P.O. Box 31031, Tucson AZ 85775

4501 W. Grant Road, Tucson, AZ 85712

SJI FINANCIAL SERVICES

Ann Zlamal, Financial Advisor

Phone: 520-326-6133

Email: azlamal@sji.us.com



Aflac & Trustmark Polices

Aflac (currently available) - <https://www.aflac.com>
contact Tula Boyles at tula_boyles@us.Aflac.com or 520-465-8839 (cell)

- Cancer

- Accident

- Short Term

- Critical Illness

Trustmark (Employees enrolled - 2007)

- Cancer

- Critical Illness

- Universal Life Insurance



Employee Assistance & Work Life Services (EAP), Travel Emergency Assistance & Identity Theft Protection

EAP – Jorgensen Brooks Group EAP (company login: YABC)

<https://jorgensenbrooks.com/>

SunLife Insurance

Emergency Travel Assistance – more than 100 miles from your residence

Hospital Admission

Prescription assistance

Legal & interpreter services and more

medservices@assistamerica.com

Identity Theft Protection

24/7 telephone support & step by step guidance by anti-fraud experts

Case workers assigned to you

www.securassist.com/sunlife

Provider links

- Blue Cross Blue Shield of Arizona
<https://www.azblue.com/individualsandfamilies/Find-a-Doctor/v2/CHS>
- Healthcare Bluebook
<https://www.healthcarebluebook.com/ui/home>
- Teladoc
<https://www.teladoc.com/>
- International Medical Solutions (IMS)
<http://www.internationalmedsolutions.com/>
- Health Equity (Health Savings Account)
<https://my.healthequity.com/ClientLogin.aspx>
- Inspira (Flexible Spending Account/Dependent Care)
<https://inspirafinancial.com/>
- VSP (Vision)
<https://www.vsp.com/>
- MagellanRx Management
<https://www1.magellanrx.com/>



Open Enrollment Period
April 30, 2024 – May 16, 2024

Questions?

Patty Jimenez / Benefits Manager

Patricia.Jimenez@azwestern.edu

928-317-6307

