

SRPMIC BENEFITS PACKAGE OVERVIEW – Full Time

Effective January 1, 2018

Health Plan (effective the 1st of the month following 30 days of employment)

- It is a self-funded PPO plan using the following provider networks:
 - Blue Cross Blue Shield of Arizona and Mayo Clinic - Medical in Arizona only
 - Humana Dental - Dental
 - PHCS healthy Directions (MultiPlan) PPO medical network - outside of Arizona
- Completion of enrollment form is required within 31 days from hire
- Medical coverage includes prescription benefits
 - Prescription: Magellan RX Management – medications are listed under 3 categories (generic, preferred brand, and non-preferred brand)
- Employee cost:

MEDICAL PLAN EMPLOYEE DEDUCTION RATES						
Level of coverage	LOW-DEDUCTIBLE PLAN		MID-DEDUCTIBLE PLAN		HDHP WITH HSA*	
	Per Month	Per Pay Check	Per Month	Per Pay Check	Per Month	Per Pay Check
Employee Only	\$149.16	\$74.58	\$78.37	\$39.19	\$25.00	\$12.50
Employee + Spouse	\$366.29	\$183.15	\$191.25	\$95.63	\$55.06	\$27.53
Employee + 1 Child	\$204.89	\$102.45	\$106.45	\$53.23	\$31.11	\$15.56
Employee + 2 Children	\$313.33	\$156.67	\$162.76	\$81.38	\$46.01	\$23.01
Employee + Family or 3 or more Children	\$522.11	\$261.06	\$272.46	\$136.23	\$76.99	\$38.50

**Depending on your level of coverage, your employer will deposit \$750 (Employee Only) or \$1,500 (all other levels) into your HSA. 50% will be deposited in early January 2018 and the remaining 50% on July 1, 2018.*

DENTAL PLAN EMPLOYEE DEDUCTION RATES		
Level of Coverage	Per Month	Per Pay Check
Employee Only	\$10.70	\$5.35
Employee + 1 Dependent	\$21.40	\$10.70
Employee + 2 or More Dependents	\$33.18	\$16.59

VISION PLAN EMPLOYEE DEDUCTION RATES		
Level of Coverage	Per Month	Per Pay Check
Employee Only	\$0.00	\$0.00
Employee + 1 Dependent	\$2.54	\$1.27
Employee + 2 or More Dependents	\$3.94	\$1.97

- Medical Deductibles:

MEDICAL PLAN DEDUCTIBLES						
	LOW-DEDUCTIBLE PLAN		MID-DEDUCTIBLE PLAN		HDHP WITH HSA*	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$500/person	\$1,000/person	\$750/person	\$1,500/person	\$1,500/person \$3,000/family	\$3,000/person \$6,000/family
Annual Out-of-Pocket Maximum	\$2,500/person \$7,000/family	\$5,000/person \$14,000/family	\$3,750/person \$10,500/family	\$7,500/person \$21,000/family	\$4,500/person \$12,000/family	\$9,000/person \$24,000/family
Coinsurance	80% after deductible	70% after deductible	80% after deductible	70% after deductible	80% after deductible	70% after deductible

Health Savings Account (HSA)

- Must be enrolled in the HDHP
- Cannot be covered under other health insurance
- Cannot be claimed as a dependent on someone else's taxes
- SRP-MIC will deposit \$750 (Employee Only) or \$1,500 (all other levels of coverage) into your HSA. 50% in early January 2018 and the other 50% in July 2018.
- Contributions for both Employee and Employer cannot exceed the IRS maximum:
 - Employee only coverage = \$3,450
 - Family coverage = \$6,900

Flexible Spending Accounts

- Health Care FSA:
 - 2018 IRS annual limit = \$2,650
 - FSA Debit Card available – health care only
- Dependent Care FSA :
 - 2018 IRS annual limit = \$5000 (\$2,500 if married and file a separate tax return)
- Limited Purpose FSA (when enrolled in HDP):
 - 2018 IRS annual limit = \$2,600
 - Covers dental and vision expenses only

Basic Life Insurance (effective the 1st of the month following 30 days of regular, fulltime employment)

- Life insurance benefit is two (2) times the annual base salary. (\$200,000 maximum)
- Accidental death benefit is an additional two times the annual base salary. (\$200,000 maximum)
- Employer paid benefit

Basic Dependent Life Insurance (effective the 1st of the month following 30 days of regular, full-time employment)

- Dependent life benefit is:
 - \$2500.00 per covered child up to age 26 years of age
 - \$5000.00 for covered spouse
- Employee monthly premium = \$1.125

Supplemental Life Insurance (effective the 1st of the month following 30 days of regular, fulltime employment)

- Supplemental life insurance benefit is for up to five (5) times the annual base salary in \$10,000 increments with a \$200,000 maximum
 - For amounts three (3) times annual base salary or less – **NO** statement of health required
 - For amounts over three (3) times annual base salary – statement of health is required
- Voluntary accidental death benefit for up to ten (10) times the annual base salary in \$10,000 increments with a \$500,000 maximum

Whole Life Insurance (effective the 1st of the month following 30 days of regular, fulltime employment)

- Employees and eligible spouses and dependent children can elect Whole Life insurance. Individual benefit options are:
 - Employees: \$10,000, \$20,000, or \$40,000 (up to age 80)
 - Spouses: \$10,000, \$15,000, or \$20,000 (up to age 80)
 - Child(ren): \$10,000 (ages 14 days to 26 years)

Short Term Disability (effective the 1st of the month following 30 days of regular, fulltime employment)

- Minimum 14 day waiting period
- Benefit is 70% of weekly base pay, limited to \$1500.00 per week
- Employer paid benefit

Long Term Disability (effective the 1st of the month following 30 days of regular, full-time employment)

- 180 day waiting period
- Benefit is 60% of monthly base pay, limited to \$6000.00 per month
- Employer paid benefit
- Not available to Salt River High School Educators

401(k) Plan

- The employer discretionary contribution is 5% of gross wages except for those employees who are eligible for ASRS or PSPRS, there is no discretionary contribution.
- The employee may defer up to 95% of gross wages, limited to annual maximums as determined by the IRS; this includes those employees who are eligible for ASRS or PSPRS
- There is no employer match
- The vesting schedule for the employer discretionary contribution is 20% per full year of service
- 2018 contribution limit is \$18,000 and Catch-Up limit is \$6,000
- Trustee is Wells Fargo

Arizona State Retirement System

- This retirement plan is for Salt River High School Educators only - includes long term disability

Public Safety Personnel Retirement System

- This retirement plan is for certified police officers and firefighters. Correction officers are not covered under this plan

Worker's Compensation

- Self-funded plan - Tribal First is the claims administrator
- Authorized medical treatment
- Temporary Total Disability (TTD) may be available after 7 days of lost work due to work related injury – TTD benefit is 66 2/3% of weekly base pay

Leave (highlights)

Annual Leave

- Accrual of Annual Leave for all regular employees is based upon the employee's length of service and accrues at the following rates:

Annual Leave Accrual Rates Per Pay Period				
<i>Years of Service</i>	<i>Regular Full-Time</i>	<i>Firefighter (56hr)</i>	<i>Part-Time (30hr)</i>	<i>Part-Time (20hr)</i>
0-3 years, 11 months	4.6	6.44	3.45	2.3
4-6 years, 11 months	5.6	7.84	4.2	2.8
7-9 years, 11 months	6.6	9.24	4.95	3.3
10 + years	8.0	11.2	6	4

- Annual leave may be taken after the initial probationary period has been successfully completed
- Employees may take 8 hours of paid leave for their birthday. This leave can be taken within 30 days before or after the employee's birthday
- Employees in the military reserves may be eligible for up to 20 days of paid leave for reserve duty

Sick Leave

- All regular and Term Limited employees, including those on probation, accrue Sick Leave at the following rate:

Sick Leave Accrual Rates Per Pay Period			
<i>Regular Full-Time and Term Limited (40 hrs.)</i>	<i>Firefighter (56 hrs.)</i>	<i>Part-Time (30 hrs.)</i>	<i>Part-Time (20 hrs.)</i>
4.6	6.44	3.45	2.3

Holidays

- The Community currently has 13 paid holidays. Employees scheduled to work on a recognized holiday, may receive holiday pay in addition to regular pay. The holidays approved by Council are:
 - New Year's Day
 - Martin Luther King Jr. Day
 - President's Day
 - Memorial Day
 - SRPMIC Day
 - Independence Day
 - Labor Day
 - Native American Day
 - Veteran's Day
 - Thanksgiving Day
 - Christmas Day
 - Two (2) discretionary holidays as designated by Council