



DIOCESE OF TUCSON - BENEFIT RATES
EFFECTIVE JULY 1, 2025 TO JUNE 30, 2026

Medical Insurance

Provider: Blue Cross, Blue Shield of Arizona - EPO Premium Plan (90/10)

| | <u>Employer</u> | <u>Employee</u> | <u>Subsidy (already applied to Employee Contribution)</u> |
|--------------------------------|-----------------|-----------------|---|
| Single Coverage per month: | \$ 769.00 | \$ 58.00 | |
| Employee + Spouse per month: | \$ 769.00 | \$ 462.00 | \$ 80.00 |
| Employee + Children per month: | \$ 769.00 | \$ 211.00 | \$ 211.00 |
| Employee + Family per month: | \$ 769.00 | \$ 514.00 | \$ 267.00 |

Dental Insurance - Dental coverage is entirely paid for by the employee.

Provider: Delta Dental of Arizona

| | <u>DDAZ (HMO)</u> | <u>DDAZ (PPO Low)</u> | <u>DDAZ (PPO High)</u> |
|--------------------------------|-------------------|-----------------------|------------------------|
| Single Coverage per month: | \$ 16.20 | \$ 29.11 | \$ 44.91 |
| Employee + Spouse per month: | \$ 31.44 | \$ 72.30 | \$ 111.54 |
| Employee + Children per month: | \$ 32.09 | \$ 65.82 | \$ 101.54 |
| Employee + Family per month: | \$ 47.97 | \$ 80.73 | \$ 124.54 |

Vision Plan - Vision coverage is entirely paid for by the employee.

Provider: VSP, Inc.

| | <u>BASIC PLAN</u> | <u>PREMIUM PLAN</u> |
|--------------------------------|-------------------|---------------------|
| Single Coverage per month: | \$ 6.78 | \$ 9.91 |
| Employee + Spouse per month: | \$ 12.96 | \$ 19.22 |
| Employee + Children per month: | \$ 13.81 | \$ 20.52 |
| Employee + Family per month: | \$ 21.66 | \$ 32.40 |

Life & Accidental Death and Dismemberment Insurance

Provider: Voya Financial

1.5 times base annual salary, rounded to the highest \$1,000.00 - The cost is \$0.135 per \$1000 of benefit. Paid 100% by the employer. Life/AD&D Insurance is effective the 1st of the month following 30 days for employees working 30 hours or more per week.

Long-Term Disability Insurance

Provider: Voya Financial

60% of covered monthly earnings after 90 days of disability – The cost is \$0.45 per \$100 of gross salary. Paid 100% by the employer. LTD coverage is effective 1st of the month following two years of continuous service working thirty (30) hours or more per week.

Retirement Plans

403(b): A voluntary, tax-deferred retirement program offered through **Mutual of America**. It allows employees to put pre-tax earnings for additional retirement money. When an employee completes two years of continuous service at 20 hours or more per week, the employee is eligible for employer contributions, no minimum age requirement. Enrollment is available anytime during employment.

Employer Matching Contribution: 50% of the employee contribution up to \$2,000 per calendar year for all employees working 20 hours or more, per week.

Employer Discretionary Contribution: Determined annually (currently 4% of salary for 2025) for all employees working 30 hours or more, per week.