

2025 Benefits – Annual Open Enrollment Guide

Enrollment Period: Monday, April 14 through Monday, April 28, 2025

Changes will be effective July 1, 2025

Benefits & Wellness Presentations:

Tuesday, April 8th @ 3pm: Click [here](#) to add to your Google calendar

Thursday, April 10th @ 10am: sign-up [here](#) to add to your Google calendar

Friday, April 11th @ noon: sign-up [here](#) to add to your Google calendar

Mammography Van April 24th:

District Office: 8am-12pm – Click [here](#) to schedule an appointment

West Campus: 1:30-5pm – Click [here](#) to schedule an appointment

Biometric Screenings – Lab Voucher or At-Home Kit – Click [here](#) for the flyer

Schedule a 15-minute 1:1 appointment [here](#), with an ESC Benefits Team Member

Please note: 1:1 confirmation emails may go into your Spam folder

Action Required if:

- **Waiving Medical** – waiver of medical coverage for the upcoming plan year **must** be entered in the on-line enrollment along with submitting proof of other coverage via email:esc-benefits@pima.edu. **Default** enrollment in the HDHP Basic Plan with employee only coverage if waiver is not completed on-line each year during open enrollment.
- **Electing a Flexible Spending Accounts (FSA's)** –Health Care and/or Dependent Care FSA's
- **Changing, adding, or removing plans or covered members** – the one time each year you can make changes except in the case of a qualifying life event.
- **Adding, Increasing or Decreasing optional life insurance** – may be subject to Evidence of Insurability.

Online elections for medical, dental, vision, FSA's, Supplemental Life must be completed through the Online Benefits Enrollment portal.

Colonial Life Election to participate completed directly with Colonial Life Representatives.

Online enrollment: MyPima > Pages> Employee > Employee Service Center > Open Enrollment > Online Open Enrollment System(orange button).

All changes/elections must be completed on or before Monday April 28, 2025 – **no exceptions.**

2025-2026 BENEFIT PLAN CHANGES & UPDATES

➤ Medical

- PPO & EPO Plan Premium Increases – see rates below.
- Domestic partner and COBRA rates will reflect increase to all 4 plan options.
- EPO Plan Increases to deductibles and Copays for PCP/Specialist/ER Visit/Outpatient Surgery.
- PPO Plan Increases to deductibles and Copays for PCP/Specialist/ER Visits.
- Basic HDHP Plan deductible increase: Individual: \$1,650, Employee + 1 or more: \$3,300
- Buy-Up HDHP Plan deductible & Out of Pocket Max Increases: Individual: \$3,300, EE + 1 or more: \$6,600
Note: Telehealth copays for PPO & EPO will remain the same and will not see an increase.
- HDHP Health Savings Account (HSA) Contribution by the College increase an additional \$25 per month.

➤ New Dental (DHMO) Vendor with Lower Premiums: **SOLSTICE**

➤ Health Care Flexible Spending Accounts (FSA's) 2025 contribution limit **increase: \$3,300** (\$100 increase)

➤ Life Insurance One Time Enhancement: Elect up to \$100,000 with no Evidence of Insurability Required.

➤ Retirement and LTD

- ASRS/ORP Retirement contribution **decrease** to 11.86%, Long-term disability decrease to 0.14%

➤ HDHP Health Savings Account (HSA)

- 2025 contribution limit: **Employee \$4,300/Family \$8,550** (already in effect for 2025)

➤ New Short-Term Disability Vendor: Voya and New ORP Long-term Disability Vendor: The Hartford

EMPLOYEE PER PAY PERIOD PREMIUMS:

BCBSAZ MEDICAL RATES	PPO		EPO		Basic HDHP		Buy-up HDHP	
	26	21	26	21	26	21	26	21
Employee Only	\$34.77	\$43.05	\$54.58	\$67.57	\$0.00	\$0.00	\$19.24	\$23.81
Employee + Spouse	\$211.65	\$262.05	\$307.73	\$381.00	\$107.05	\$132.54	\$126.28	\$156.35
Employee + Child(ren)	\$181.00	\$224.10	\$253.62	\$314.00	\$94.87	\$117.46	\$114.10	\$141.27
Employee + Family	\$306.00	\$378.86	\$534.88	\$662.24	\$158.50	\$196.24	\$177.73	\$220.05

DENTAL RATES	SOLSTICE 26	SOLSTICE 21	DELTA 26	DELTA 21
Employee Only	\$0.00	\$0.00	\$15.38	\$19.04
Employee + One	\$3.56	\$4.41	\$32.77	\$40.57
Family	\$6.88	\$8.52	\$50.13	\$62.07

AVESIS VISION RATES	Base Plan	Buy-up Plan	Base plan	Buy-up Plan
	26		21	
Employee Only	\$2.45	\$3.94	\$3.03	\$4.87
Employee + One	\$4.30	\$7.06	\$5.32	\$8.74
Employee + Family	\$6.32	\$10.52	\$7.83	\$13.02