

# BENEFITS

## 2023 Voluntary Benefit Premiums

### Medical

Per pay premiums

Plan	Coverage Level	Employee	NAU
<b>NAU</b>	Employee	\$49.41	\$314.35
<b>PPO</b>	Employee + Adult	\$134.49	\$629.41
- BCBSAZ	Employee + Child	\$96.06	\$449.58
	Family	\$199.59	\$782.55
<b>NAU</b>	Employee	\$5.54	\$292.55
<b>HDHP/HSA</b>	Employee + Adult	\$21.23	\$604.76
- BCBSAZ	Employee + Child	\$16.66	\$430.48
	Family	\$47.12	\$757.72
<b>State</b>	Employee	\$26.17	\$351.96
<b>Triple Choice</b>	Employee + Adult	\$71.49	\$724.82
- BCBSAZ	Employee + Child	\$57.30	\$471.40
- UHC	Family	\$121.61	\$820.71
<b>State</b>	Employee	\$10.15	\$237.66
<b>HDHP/HSA</b>	Employee + Adult	\$30.46	\$492.59
- BCBSAZ	Employee + Child	\$25.89	\$321.99
- UHC	Family	\$56.35	\$548.80

### Dental and Vision

Per pay premiums

Plan	Coverage Level	Employee	NAU
<b>State</b>	Employee	\$14.30	\$2.29
<b>PPO Dental</b>	Employee + Adult	\$30.33	\$4.58
-Delta Premier	Employee + Child	\$23.34	\$4.58
	Family	\$48.26	\$6.32
<b>State</b>	Employee	\$1.64	\$2.29
<b>HMO Dental</b>	Employee + Adult	\$3.29	\$4.58
- UHC Solstice	Employee + Child	\$3.08	\$4.58
	Family	\$5.46	\$6.32
<b>State</b>	Employee	\$1.72	
<b>PPO Vision</b>	Employee + Adult	\$5.70	
-Avesis	Employee + Child	\$5.65	
	Family	\$7.11	

When you enroll through Louie Self-Service, the per pay period premium amounts for each option based on you personal information will be displayed.

You can find plan information for these benefits on the Benefits website <https://in.nau.edu/Human-Resources/Benefits/>

### Supplemental Life Insurance

Monthly rate per \$1,000 of coverage

Age Group	NAU-Hartford	State-Securian
0 to 24	\$0.048	\$0.060
25 to 29	\$0.060	\$0.060
30 to 34	\$0.085	\$0.068
35 to 39	\$0.097	\$0.075
40 to 44	\$0.108	\$0.121
45 to 49	\$0.157	\$0.158
50 to 54	\$0.241	\$0.249
55 to 59	\$0.363	\$0.355
60 to 64	\$0.544	\$0.626
65 to 69	\$0.724	\$0.626
70 +	\$1.151	\$0.981

#### Example

Age: 47	50 # of 1,000s	\$0.157 Monthly rate
Amount: \$50,000		\$7.85 Monthly premium
		\$3.62 Per pay premium

### Dependent Life Insurance

Per pay premiums

Amount	NAU-Hartford	State-Securian
\$2,000		\$0.43
\$4,000		\$0.87
\$5,000	\$1.32	
\$6,000		\$1.00
\$10,000	\$2.64	\$2.17
\$12,000		\$2.60
\$15,000		\$3.25
\$50,000		\$10.85

### Short Term Disability

Monthly rate per \$100 of coverage

NAU-Hartford	State - Met Life
\$0.77	\$0.36

#### Example

Age: 47	20 # of \$100s	\$0.77 Monthly rate
Monthly covered pay: \$2,000		\$15.40 Monthly premium
		\$7.11 Per pay premium