

2023 COBRA Monthly Medical Premiums

Medical

Coverage Level	NAU BCBSAZ Medical Plans		State of AZ Medical Plans	
	PPO	HDHP/HSA	Triple Choice Plan	HDHP/HSA
Individual	\$803.91	\$658.78	\$675.45	\$422.38
Individual + Adult	\$1,688.21	\$1,383.45	\$1,432.60	\$896.23
Individual + Child	\$1,205.85	\$988.18	\$959.44	\$599.08
Family	\$2,170.54	\$1,778.70	\$1,679.96	\$1,048.06

Dental

Coverage Level	PPO	DHMO
	Delta Dental	UHC Dental
Individual	\$36.66	\$8.69
Individual + Adult	\$77.14	\$17.38
Individual + Child	\$61.69	\$16.92
Family	\$120.63	\$26.05

Vision

Coverage Level	Avesis
Individual	\$3.79
Individual + Adult	\$12.61
Individual + Child	\$12.48
Family	\$15.71

