

BENEFITS

2023 Voluntary Benefit Premiums

Medical - Per pay period premium

	Employee Only	Employee + Adult	Employee + Child	Family
NAU PPO	\$49.41	\$134.49	\$96.06	\$199.59
NAU HDHP\HSA	\$5.54	\$21.23	\$16.66	\$47.12
- NAU HSA Contribution	\$27.70	\$55.38	\$55.38	\$55.38
State of AZ Triple Choice Plan	\$26.17	\$71.49	\$57.30	\$121.61
State of AZ HDHP\HSA	\$10.15	\$30.46	\$25.89	\$56.35
- NAU HSA Contribution	\$27.70	\$55.38	\$55.38	\$55.38

Dental and Vision - Per Pay Period Premium

	Employee Only	Employee + Adult	Employee + Child	Family
Delta Dental	\$14.30	\$30.33	\$23.34	\$48.26
UHC Solstice	\$1.64	\$3.29	\$3.08	\$5.46
Avesis Advantage Vison	\$1.72	\$5.70	\$5.65	\$7.11

Supplemental Life – Per Pay Period Premium

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

Premium calculation example for an employee age 47, electing NAU – Hartford, with a coverage amount of \$50,000.

of 1,000 of Coverage

$$50,000 / 1000 = 50$$

#1,000 X Rate

$$50 \times \$0.157 = \$7.85$$

Monthly Premium X 12 months / 26 pay periods

$$(\$7.85 \times 12) / 26 = \$3.62$$

Dependent Life - Monthly rate per \$1,000 of coverage

Coverage Amount	\$2,000	\$4,000	\$5,000	\$6,000	\$10,000	\$12,000	\$15,000	\$50,000
NAU - The Hartford			\$1.32		\$2.64			
State of AZ - Securian	\$0.43	\$0.87		\$1.30	\$2.17	\$2.60	\$3.25	\$10.85

Short Term Disability (STD) * - Monthly rate per \$100 of coverage

NAU – Unum: \$.77 State of AZ – MetLife: \$.316

Premium calculation example for an employee enrolled in Unum STD with a covered monthly salary of \$4,000.

of 100s of monthly salary

$$4,000 / 100 = 40$$

of 100s * Rate

$$40 \times \$0.77 = \$30.80$$

Monthly Premium X 12 months / 26 pay periods

$$(\$30.80 \times 12) / 26 = \$14.21$$

BENEFITS

2023 Voluntary Benefit Pre-Payment Premiums (12/26/22-05/19/23)

Medical - Per pay period premium

	Employee Only	Employee + Adult	Employee + Child	Family
NAU PPO	\$84.00	\$228.63	\$163.31	\$339.31
NAU HDHPHSA	\$9.42	\$36.09	\$28.32	\$80.11
- NAU HSA Contribution	\$27.70	\$55.38	\$55.38	\$55.38
State of AZ Triple Choice Plan	\$44.50	\$121.54	\$97.42	\$206.74
State of AZ HDHPHSA	\$17.26	\$51.78	\$44.02	\$95.80
- NAU HSA Contribution	\$27.70	\$55.38	\$55.38	\$55.38

Dental & Vision - Per pay period premium

	Employee Only	Employee + Adult	Employee + Child	Family
Delta Dental	\$24.31	\$51.56	\$39.67	\$82.04
UHC Solstice	\$2.79	\$5.58	\$5.23	\$9.29
Avesis Advantage Vision	\$2.92	\$9.70	\$9.60	\$12.08

Supplement Life - Monthly rate per \$1,000 of coverage

Age Group	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
NAU - The Hartford	\$0.082	\$0.102	\$0.145	\$0.165	\$0.184	\$0.267	\$0.410	\$0.617	\$0.925	\$1.231	\$1.957
State of AZ - MetLife	\$0.102	\$0.102	\$0.116	\$0.128	\$0.206	\$0.269	\$0.423	\$0.604	\$1.064	\$1.064	\$1.668

Premium calculation example for an employee age 47, electing NAU – Hartford, with a coverage amount of \$50,000.

of 1,000 of Coverage

$$50,000 / 1000 = 50$$

#1,000 X Rate

$$50 \times \$0.267 = \$13.35$$

Monthly Premium X 12 months / 26 pay periods

$$(\$13.35 \times 12) / 26 = \$6.16$$

Dependent Life – Per pay period premium

Coverage Amount	\$2,000	\$4,000	\$5,000	\$6,000	\$10,000	\$12,000	\$15,000	\$50,000
NAU - The Hartford			2.24		\$4.49			
State of AZ - Securian	\$0.74	\$1.48		\$2.21	\$3.69	\$4.43	\$5.53	\$18.454

Short Term Disability (STD) * - Monthly rate per \$100 of coverage

NAU – Unum: \$.77 State of AZ – MetLife: \$.316

Premium calculation example for an employee enrolled in Unum STD with a covered monthly salary of \$4,000.

of 100 of monthly salary

$$4,000 / 100 = 40$$

of 100s * Rate

$$40 \times \$0.77 = \$30.80$$

Monthly Premium X 12 months / 26 pay periods

$$(\$30.80 \times 12) / 26 = \$14.21$$

*Premiums not pre-collected