

# BENEFITS

## 2023 NAU Voluntary Benefit Overview

NAU offers a competitive package of Voluntary Benefits. Newly eligible employees can enroll in healthcare coverage on or after their hire date. Healthcare coverage is not effective on an employee's hire date, it is effective the first day of the pay period following a completed enrollment.

### Medical – In-Network Benefits

	Employee Cost Per Pay	In-Network Deductible	Co-Insurance	Out-of-Pocket Maximum	Office Visits	Prescription 30-day
<b>NAU PPO</b> BCBSAZ	\$49.41 - Employee \$134.49 - Employee + Adult \$96.06 - Employee + Child \$199.59 - Family	Individual \$300 Family \$600	15% after deductible	Individual \$1,000 Family \$2,000	Preventive, Campus Health & Mental Health \$0 Primary Care \$30 Specialist \$50	Tier 1 - \$15 <sup>1</sup> Tier 2 - \$30 <sup>1</sup> Tier 3 - \$50 <sup>1</sup> Tier 4 - \$90 <sup>1</sup>
<b>NAU HDHP/HSA</b> BCBSAZ	\$5.54 - Employee \$21.23 - Employee + Adult \$16.66 - Employee + Child \$47.12 - Family <i>NAU annual HSA contribution \$720/ employee \$1,440 family</i>	Individual \$1,500 Family \$3,000	10% after deductible	Individual \$2,000 Family \$4,000	Preventive \$0 Primary Care 10% Mental Health 10% Specialist 10%	<i>After deductible<sup>1</sup></i> Tier 1 - \$10 Tier 2 - \$25 Tier 3 - \$45 Tier 4 - \$85
<b>State of AZ Triple Choice Plan (TCP)</b> BCBSAZ UHC	\$26.17 - Employee \$71.49 - Employee + Adult \$57.30 - Employee + Child \$121.61 - Family	<u>Tier 1</u> Individual \$200 Family \$400 <u>Tier 2</u> Individual \$1,000 Family \$2,000	0% after deductible	<u>Tier 1 and 2</u> Individual \$7,350 Family \$14,700	Preventive \$0 Primary Care \$20 Mental Health \$20 Specialist \$40	Generic \$15 Preferred \$40 Non-Preferred \$60
<b>State of AZ High HDHP/HSA</b> BCBSAZ UHC	\$10.15 - Employee \$30.46 - Employee + Adult \$25.89 - Employee + Child \$56.35 - Family <i>NAU annual HSA contribution \$720 employee / \$1,440 family</i>	Individual \$1,500 Family \$3,000	10% after deductible	Individual \$3,500 Family \$7,000	Preventive \$0 Primary Care 10% Mental Health 10% Specialist 10%	<i>After deductible<sup>1</sup></i> Generic \$15 Preferred \$40 Non-Preferred \$60

<sup>1</sup> Deductible is waived for certain preventive medications

### Dental – In-Network Benefits

	Employee Cost Per Pay	Deductible	Annual Maximum	Co-insurance	Orthodontia
<b>State of AZ PPO</b> Delta Dental Premier	\$14.30 - Employee \$30.33 - Employee + Adult \$23.34 - Employee + Child \$48.26 - Family	Individual \$50 Family \$150	\$2,000 per individual	Routine - 0% deductible waived Basic - 20% after deductible Major - 50% after deductible	\$1,500 per individual – life time benefit
<b>State of AZ HMO<sup>1</sup></b> UHC Solstice S800B Dental	\$1.64 - Employee \$3.29 - Employee + Adult \$3.08 - Employee + Child \$5.46 - Family	None	None	Benefits are based on a schedule.	

<sup>1</sup> Limited network and not available in all states

### Vision – In-Network

	Employee Cost Per Pay	Eye Exam <sup>1</sup>	Lens <sup>1</sup>	Lens Tints & Coatings	Frames and Contacts <sup>1</sup>	Lasik/PRK
<b>State of AZ Vision</b> Avisis Advantage	\$1.72 - Employee \$5.70 - Employee + Adult \$5.65 - Employee + Child \$7.11 - Family	\$10 co-pay	100% covered	Uniform discount fee schedule	\$150 Allowance once a plan year to purchase either frames or contacts - <i>Additional \$25 frame allowance at Target Optical</i>	\$750 Lifetime allowance

<sup>1</sup> Benefits are once a plan year

## Supplemental Life Insurance

	Individual Coverage		Dependent Coverage
	Newly Eligible	Open Enrollment	
<b>NAU Life Insurance</b> The Hartford	You may purchase coverage of one, two, or three times your annual salary (rounded to the nearest \$1,000) up to a maximum of \$300,000.  <i>Coverage reduced 40% for employees 70+</i>	You may increase, decrease or stop coverage.  If not enrolled, you may only enroll in 1- times your annual salary	You may purchase: \$5,000 or \$10,000  <i>Must enroll in individual coverage to elect dependent coverage.</i>
<b>State of AZ Life Insurance</b> Securian	You may purchase coverage in increments of \$5,000. Up to three times your annual salary or \$500,000 whichever is lessor.	You may increase, decrease or stop coverage. Elections or changes are made in multiples of \$5,000 up to a \$20,000 maximum annually	You may purchase: \$2,000, \$4,000, \$6,000, \$10,000, \$12,000, \$15,000 or \$50,000  <i>To elect \$50,000, you must enroll in at least \$35,000 of individual coverage.</i>

## Short Term Disability

	Coverage Amount	Waiting Period	Coordination with Paid Time Off	Additional Benefits
<b>NAU Short Term Disability</b> Unum	70% of base pay.  Choose from three maximum weekly benefit amounts: \$750, \$1,500 or \$2,000	30 day waiting period. Waived for outpatient surgery or if hospitalized for 24+ hours.  <i>If elected during Open Enrollment a pre-existing condition will apply</i>	Can use accrued sick and vacation time or paid parental leave to supplement your weekly benefit.	Includes a \$30,000 AD&D and \$5,000 term life
<b>State of AZ Short Term Disability</b> MetLife	66.66% of base pay  \$897.43 maximum weekly benefit	<i>Elected as New Hire:</i> 30 day waiting period unless you are off work due to an injury.  <i>Elected in Open Enrollment:</i> 60 day waiting period unless you are off work due to an injury.	You must first use all accrued paid time off (sick, vacation and compensatory time) before benefit payments will begin.  <i>Note: Includes a return-to-work incentive</i>	None

## Flexible Spending Accounts

	Annual Maximum	Eligible Expenses Examples	Ineligible Expenses Examples	How Expenses are Reimbursed
<b>Health Care</b>	\$3,050  \$610 Rollover	Copays, deductibles & coinsurance  Eyeglasses, exam fees, contact lenses and solution  Most over the counter medications	Premiums for medical and dental plans  Long Term Care Expenses	You may use your full annual election as of your effective date before the full amount is deposited to your account
<b>Dependent Day Care</b>	\$5,000 per family  2 ½ month grace period	Services provided by a licensed day care facility or facility with six or more children  Babysitting services while working	Private school tuition including kindergarten  Babysitting when you are not working	You can only use up to the current balance in your account

This document contains a high-level comparison of the benefits offered but does not contain all plan information. Details on benefit plans offered by NAU can be found at <https://in.nau.edu/Human-Resources/Benefits/>.

Contact Human Resources with questions at [nauhrbenefits@nau.edu](mailto:nauhrbenefits@nau.edu) or call 928.523.2223.