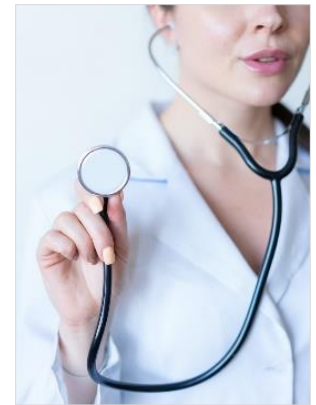


MEDICAL PLANS

You can choose from four medical plans with competitive employee premiums. Each plan has different coverage levels and out-of-pocket expenses. All medical plans include:

- Nationwide network.
- Prescription coverage
- Preventive care at no cost
- In & out of network coverage
 - Costs are lower when you see providers in the network.
 - Costs are much higher if you use providers not in the network, but you may be responsible for balance billing.

Before you choose your medical plan, it is important to understand each plan's features and differences between the plans.



NAU Preferred Provider Plan (PPO)	NAU High Deductible Health Plan & Health Care Savings Account (HDHP/HSA)	State of AZ Triple Choice Plan (TCP)	State of AZ High Deductible Health Plan & Health Care Savings Account (HDHP/HSA)
<p>Highest premium but lowest out-of-pocket maximum</p> <p>BCBSAZ Network</p> <p>Copay <u>before</u> deductible for prescriptions</p> <p>No deductible or copay for Campus Health Services or mental health office visits</p> <p>Copay or coinsurance <u>after</u> deductible for most other services</p> <p>Eligible for a Health Care FSA but not an HSA.</p>	<p>Lowest premium but high deductible</p> <p>BCBSAZ Network</p> <p>Copay after deductible for prescriptions</p> <p>Coinsurance after deductible for most other services</p> <p>No cost at Campus Health after deductible</p> <p>NAU contributes to Health Savings Account (HSA) with Health Equity - Learn how an HSA works.</p> <p>Eligible for a Limited Purpose FSA</p>	<p>Low premium, but highest out-of-pocket maximum</p> <p>Choice of the UHC or BCBSAZ Network</p> <p>3 network tiers</p> <ul style="list-style-type: none"> • Tier 1 - Preferred – lowest deductible • Tier 2 - In-Network • Tier 3 - Out-of-Network <p>Copay <u>before</u> deductible for prescriptions.</p> <p>No cost at Campus Health <u>after</u> deductible</p> <p>Copay or coinsurance <u>after</u> deductible for most other services</p> <p>Eligible for a Health FSA but not an HSA.</p>	<p>Very low premium but high deductible</p> <p>Choice of the UHC or BCBSAZ Network</p> <p>Copay for prescriptions <u>after</u> deductible.</p> <p>Coinsurance <u>after</u> deductible for most other services</p> <p>NAU contributes to Health Savings Account (HSA) with Optum - Learn how an HSA works.</p> <p>Eligible for a Limited Purpose FSA</p>

FINDING MEDICAL PROVIDERS

Before choosing a medical plan, it is a good idea to make sure your providers are in the network.

- **NAU PPO or HDHP:** Visit the [BCBSAZ](#) website, select the 'Statewide/National PPO' network.
- **State of AZ TCP or HDHP:** Visit the [BCBSAZ](#) or [UHC](#) websites and select the plan.

2024 MEDICAL IN-NETWORK BENEFIT COMPARISON

	NAU PPO	NAU HDHP\HSA	State of AZ Triple Choice Plan (TCP)	State of AZ HDHP\HSA
Network	BCBSAZ	BCBSAZ	BCBSAZ or UHC	BCBSAZ or UHC
Deductible				
<i>Individual</i>	\$350	\$1,600	Tier 1 - \$200 Tier 2 - \$1,000	\$1,600
<i>Family</i>	\$700	\$3,200	Tier 1 - \$400 Tier 2 - \$2,000	\$3,200
Out-of-Pocket Maximum				
<i>Individual</i>	\$1,000	\$2,000	Tier 1 & 2 - \$7,350	\$3,500
<i>Family</i>	\$2,000	\$4,000	Tier 1 & 2 - \$14,700	\$7,000
Coinsurance	20% ¹	10% ¹	0% ¹	10% ¹
Office Visit – per visit				
<i>Preventive Care</i>	\$0	\$0	\$0	\$0
<i>Campus Health</i>	\$0	10% ¹	\$20 ¹	10% ¹
<i>Mental Health</i>	\$0	10% ¹	\$20 ¹	10% ¹
<i>Primary Care</i>	\$30 ¹	10% ¹	\$20 ¹	10% ¹
<i>Specialist</i>	\$50 ¹	10% ¹	\$40 ¹	10% ¹

¹ Members must first meet all deductibles. Family deductible is tracked as a whole - not individually.

PRESCRIPTION COVERAGE

	NAU Medical Plans ² <i>Optum - RX</i>	State of AZ Medical Plans ³ <i>MedImpact</i>
Retail		
<i>1 copay for each 30-day supply</i>	Tier 1 - \$15 Tier 2 - \$30 Tier 3 - \$50 Tier 4 - \$90	Generic - \$15 Preferred - \$40 Non-Preferred - \$60
Mail Order		
<i>Up to 90-day supply</i>	Tier 1 - \$15 Tier 2 - \$30 Tier 3 - \$150 Tier 4 - \$270	Generic - \$37.50 Preferred - \$100 Non-Preferred - \$150

² PPO - Copay before deductible and HDHP\HSA - Copay after deductible. Preventive prescriptions at no cost

³ TCP Copay before deductible and HDHP\HSA - Copay after deductible. Preventive prescriptions at no cost

2024 PER PAY PREMIUMS

	Employee Only	Employee + Adult	Employee + Child	Family
NAU PPO	\$55.34	\$150.63	\$107.59	\$223.54
NAU HDHP\HSA	\$5.54	\$21.23	\$16.66	\$47.12
- NAU HSA Contribution	\$31.54	\$63.08	\$63.08	\$63.08
State of AZ TCP	\$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

View the Summary of Benefits and Coverage (SBC) for each plan on the [Benefit Plan Documents and Policies](#) webpage for more plan details including out-of-network benefits.

Updated 07.2023