

BENEFITS

2024 COBRA MONTHLY PREMIUMS

MEDICAL

	NAU BCBSAZ	NAU HDHP\HSA	State of AZ Triple Choice	State of AZ HDHP\HSA
Individual	\$842.70	\$710.60	\$675.45	\$422.38
Individual + Adult	\$1,769.66	\$1,492.53	\$1,432.60	\$896.23
Individual + Child	\$1,264.04	\$1,066.02	\$959.44	\$599.08
Family	\$2,275.26	\$1,919.00	\$1,679.96	\$1,048.06

DENTAL

	Delta Dental	UHC Solstice Dental
Individual	\$36.66	\$8.69
Individual + Adult	\$77.14	\$17.38
Individual + Child	\$61.69	\$16.92
Family	\$120.63	\$26.05

VISION

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

Visit [NAU COBRA](#) for more information on COBRA benefits.