BENEFITS



2025 COBRA MONTHLY PREMIUMS

MEDICAL

	NAU BCBSAZ	NAU HDHP\HSA	State of AZ Triple Choice	State of AZ HDHP\HSA
Individual	\$885.38	\$781.34	\$876.69	\$575.38
Individual + Adult	\$1,859.30	\$1,641.39	\$1,844.30	\$1,213.34
Individual + Child	\$1,328.06	\$1,172.28	\$1,223.38	\$806.36
Family	\$2,390.51	\$2,110.48	\$2,178.17	\$1,401.35

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	\$3.87
Individual + Adult	\$12.89
Individual + Child	\$12.71
Family	\$16.01

Visit NAU COBRA for more information on COBRA benefits.