

# MEDICAL PLAN COMPARISON

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 Preferred Provider Plan (PPO)	State of AZ High Deductible Health Plan & Health Care Savings Account (HDHP\HSA)
<b>Highest premium but lowest out-of-pocket maximum</b>	<b>Lowest premium but high deductible</b>	<b>Low premium, but highest out-of-pocket maximum</b>	<b>Very low premium but high deductible</b>
BCBSAZ Network	BCBSAZ Network	Choice of the UHC or BCBSAZ Network	Choice of the UHC or BCBSAZ Network
Copay <u>before</u> deductible for prescriptions	Copay after deductible for prescriptions	No deductible	Copay for prescriptions after deductible.
No deductible or copay for Campus Health Services or mental health office visits	Coinsurance after deductible for most other services	Copays for prescriptions & office visits.	Copay for prescriptions after deductible.
Copay or coinsurance <u>after</u> deductible for most other services	No cost at Campus Health after deductible	Copay at Campus Health % Coinsurance	Coinsurance <u>after</u> deductible for most other services
Eligible for a Health Care FSA but not an HSA.	NAU contributes to Health Savings Account (HSA) with Health Equity	Eligible for a Health FSA but not an HSA.	NAU contributes to Health Savings Account (HSA) with Inspria
	Eligible for a Limited Purpose FSA		Eligible for a Limited Purpose FSA

## 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 PPO or HDHP:** Visit the [BCBSAZ](#) or [UHC](#) websites and select the plan.

## 2026 MEDICAL IN-NETWORK BENEFIT COMPARISON

	NAU PPO	NAU HDHP\HSA	State of AZ PPO	State of AZ HDHP\HSA
<b>Network</b>	BCBSAZ	BCBSAZ	BCBSAZ or UHC	BCBSAZ or UHC
<b>Deductible</b>				
Individual	\$600	\$1,700	\$0	\$1,700
Family	\$1,200	\$3,400	\$0	\$3,400
<b>Out-of-Pocket Maximum</b>				
Individual	\$1,000	\$2,000	\$7,350	\$3,500
Family	\$2,000	\$4,000	\$14,700	\$7,000
<b>Coinsurance</b>	25% <sup>1</sup>	10% <sup>1</sup>	0%	10% <sup>1</sup>
<b>Office Visit – per visit</b>				
Preventive Care	\$0	\$0	\$0	\$0
Campus Health	\$0	10% <sup>1</sup>	\$25	10% <sup>1</sup>
Mental Health	\$0	10% <sup>1</sup>	\$25	10% <sup>1</sup>
Primary Care	\$35 <sup>1</sup>	10% <sup>1</sup>	\$25	10% <sup>1</sup>
Specialist	\$55 <sup>1</sup>	10% <sup>1</sup>	\$45	10% <sup>1</sup>

<sup>1</sup> After deductible

## PRESCRIPTION COVERAGE

	NAU Medical Plans <sup>2</sup> Optum - RX	State of AZ Medical Plans <sup>3</sup> MedImpact
<b>Retail</b>		
1 copay for each 30-day supply	Tier 1 - \$20    Tier 2 - \$35 Tier 3 - \$55    Tier 4 - \$95	Generic - \$15 Preferred - \$40 Non-Preferred - \$60
<b>Mail Order</b>		
Up to 90-day supply	Tier 1 - \$20    Tier 2 - \$35 Tier 3 - \$165    Tier 4 - \$285	Generic - \$30 Preferred - \$80 Non-Preferred - \$150

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

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

## 2026 PER PAY PREMIUMS

	Employee Only	Employee + Adult	Employee + Child	Family
<b>NAU PPO</b>	\$75.10	\$194.86	\$139.19	\$282.81
<b>NAU HDHP\HSA</b>	\$5.54	\$21.23	\$16.66	\$47.12
- NAU HSA Contribution	\$31.54	\$63.08	\$63.08	\$63.08
<b>State of AZ TCP</b>	\$26.17	\$71.49	\$57.30	\$121.61
<b>State of AZ HDHP\HSA</b>	\$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.

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