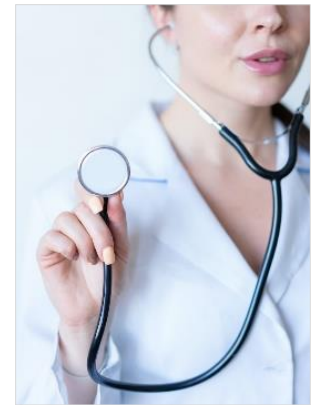


MEDICAL PLAN COMPARISON

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)
Highest premium but lowest out-of-pocket maximum	Lowest premium but high deductible	Low premium, but highest out-of-pocket maximum	Very low premium but high deductible
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 at Campus Health after deductible
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.	Coinsurance <u>after</u> deductible for most other services
	Eligible for a Limited Purpose FSA		NAU <u>contributes</u> to Health Savings Account (HSA) with Inspira
			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.

2027 MEDICAL IN-NETWORK BENEFIT COMPARISON

	NAU PPO	NAU HDHP\HSA	State of AZ PPO	State of AZ HDHP\HSA
Network	BCBSAZ	BCBSAZ	BCBSAZ or UHC	BCBSAZ or UHC
Deductible				
Individual	\$600	\$1,750	\$0	\$1,785
Family	\$1,200	\$3,500	\$0	\$3,570
Out-of-Pocket Maximum				
Individual	\$1,000	\$2,000	\$7,350	\$3,675
Family	\$2,000	\$4,000	\$14,700	\$7,350
Coinsurance	25% ¹	10% ¹	0%	15% ¹
Office Visit – per visit				
Preventive Care	\$0	\$0	\$0	\$0
Campus Health	\$0	10% ¹	\$30	15% ¹
Mental Health	\$0	10% ¹	\$30	15% ¹
Primary Care	\$35 ¹	10% ¹	\$30	15% ¹
Specialist	\$55 ¹	10% ¹	\$50	15% ¹

¹ After deductible

PRESCRIPTION COVERAGE

	NAU Medical Plans ² Optum - RX	State of AZ Medical Plans ³ MedImpact
Retail		
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
Mail Order		
Up to 90-day supply	Tier 1 - \$20 Tier 2 - \$35 Tier 3 - \$165 Tier 4 - \$285	Generic - \$30 Preferred - \$80 Non-Preferred - \$150

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

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

2027 PER PAY PREMIUMS

	Employee Only	Employee + Adult	Employee + Child	Family
NAU PPO	\$109.90	\$285.16	\$203.69	\$413.86
NAU HDHP\HSA	\$5.54	\$21.23	\$16.66	\$47.12
Annual HSA contribution: \$1,000 employee/\$2,000 family. 50% deposited in January, 25% in July and 25% in October.				
State of AZ PPO	\$26.17	\$71.49	\$57.30	\$121.61
State of AZ HDHP\HSA	\$10.15	\$30.46	\$25.89	\$56.35
Annual HSA contribution: \$720 employee/\$1,440 family. Equal portion deposited each pay period.				

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.