

BENEFITS

2027 NAU VOLUNTARY BENEFIT OVERVIEW

Benefits are part of what makes NAU a great place to work! Employees are offered a competitive package of Voluntary Benefits. Newly eligible employees can enroll in healthcare coverage on or after their hire date. Healthcare coverage is not effective on an employee's hire date, it is effective the first day of the pay period following completed enrollment.

MEDICAL – IN-NETWORK BENEFITS

	Employee Cost Per Pay	In-Network Deductible	Co-Insurance	Out-of-Pocket Maximum	Office Visits	Prescription 30-day
NAU PPO BCBSAZ	\$109.90 - Employee \$285.16 - Employee + Adult \$203.69 - Employee + Child \$413.86 - Family	Individual \$600 Family \$1,200	25% after deductible	Individual \$1,000 Family \$2,000	Preventive, Campus Health & Mental Health \$0 Primary Care \$35 Specialist \$55	Tier 1 \$20 Tier 2 \$35 Tier 3 \$55 Tier 4 \$95
NAU HDHPHSA BCBSAZ	\$5.54 - Employee \$21.23 - Employee + Adult \$16.66 - Employee + Child \$47.12 - Family <i>Annual HSA contribution \$1,000 employee/\$2,000 family¹</i>	Individual \$1,750 Family \$3,500	10% after deductible	Individual \$2,000 Family \$4,000	Preventive \$0 Primary Care 10% Campus Health 10% Mental Health 10% Specialist 10%	<i>After deductible²</i> Tier 1 \$20 Tier 2 \$35 Tier 3 \$55 Tier 4 \$95
State of AZ PPO BCBSAZ UHC	\$26.17 - Employee \$71.49 - Employee + Adult \$57.30 - Employee + Child \$121.61 - Family	Individual \$0 Family \$0	0% after deductible	Individual \$7,350 Family \$14,700	Preventive \$0 Primary Care \$30 Campus Health \$30 Mental Health \$30 Specialist \$50	Generic \$15 Preferred \$40 Non-Preferred \$60
State of AZ High HDHPHSA BCBSAZ UHC	\$10.15 - Employee \$30.46 - Employee + Adult \$25.89 - Employee + Child \$56.35 - Family <i>NAU annual HSA contribution \$720 employee / \$1,440 family</i>	Individual \$1,785 Family \$3,570	15% after deductible	Individual \$3,675 Family \$7,350	Preventive \$0 Primary Care 15% Campus Health 15% Mental Health 15% Specialist 15%	<i>After deductible²</i> Generic \$15 Preferred \$40 Non-Preferred \$60

¹ NAU HSA contribution is deposited 50% in January, 25% in July and 25% in October.

² Deductible is waived for certain preventive medications.

DENTAL – IN-NETWORK BENEFITS

	Employee Cost Per Pay	Deductible	Annual Maximum	Co-insurance	Orthodontia
State of AZ PPO Delta Dental Premier	\$14.30 - Employee \$30.33 - Employee + Adult \$23.34 - Employee + Child \$48.26 - Family	Individual \$50 Family \$150	\$2,000 per individual	Routine - 0% deductible waived Basic - 20% after deductible Major - 50% after deductible	\$1,500 per individual – life time benefit
State of AZ HMO¹ UHC Solstice S800B Dental	\$1.64 - Employee \$3.29 - Employee + Adult \$3.08 - Employee + Child \$5.46 - Family	None	None	Benefits are based on a schedule.	

¹ Limited network and not available in all states

VISION – IN-NETWORK

	Employee Cost Per Pay	Eye Exam ¹	Lens ¹	Lens Tints & Coatings	Frames and Contacts ¹	Lasik/PRK
State of AZ Vision Avesis Advantage	\$1.83 - Employee \$6.12 - Employee + Adult \$6.03 - Employee + Child \$7.61 - Family	\$10 co-pay	100% covered	Uniform discount fee schedule	\$150 Allowance once a plan year to purchase either frames or contacts - <i>Additional \$25 frame allowance at Target Optical</i>	\$750 Lifetime allowance

¹ Benefits are once a plan year

SUPPLEMENTAL LIFE INSURANCE

	Individual Coverage		Dependent Coverage
	Newly Eligible	Open Enrollment	
NAU Life Insurance The Hartford	You may purchase coverage of one, two, or three times your annual salary (rounded to the nearest \$1,000) up to a maximum of \$300,000. <i>Coverage reduced 40% for employees 70+</i>	You may increase, decrease, or stop coverage. If not enrolled, you may only enroll in 1-times your annual salary	You may purchase: \$5,000 or \$10,000 of coverage. <i>Must enroll in individual coverage to elect dependent coverage.</i>
State of AZ Life Insurance The Hartford	You may purchase coverage in increments of \$5,000. Up to three times your annual salary or \$500,000 whichever is lessor.	You may increase, decrease or stop coverage. Elections or changes are made in multiples of \$5,000 up to a \$20,000 maximum annually	You may purchase: \$2,000, \$4,000, \$6,000, \$10,000, \$12,000, \$15,000 or \$50,000. <i>To elect \$50,000, you must enroll in at least \$35,000 of individual coverage.</i>

SHORT TERM DISABILITY

	Coverage Amount	Waiting Period	Coordination with Paid Time Off	Additional Benefits
NAU Short Term Disability Unum	70% of base pay. Choose from three maximum weekly benefit amounts: \$750, \$1,500 or \$2,000.	30 day waiting period. Waived for outpatient surgery or if hospitalized for 24+ hours. <i>If elected during Open Enrollment a pre-existing condition will apply</i>	Can use accrued sick and vacation time or paid parental leave to supplement your weekly benefit.	Includes a \$30,000 AD&D and \$5,000 term life
State of AZ Short Term Disability The Hartford	66.66% of base pay \$897.43 maximum weekly benefit	<i>If enrolled when initially eligible.</i> -0 days for non work-related injury -15 days for illness including pregnancy or maternity <i>If enrolled as late entrant (OE\ QLE) 30 days</i>	You must first use all accrued paid time off (sick, vacation and compensatory time) before benefit payments will begin. <i>Note: Includes a return-to-work incentive</i>	None

FLEXIBLE SPENDING ACCOUNTS

	Annual Maximum	Eligible Expenses Examples	Ineligible Expenses Examples	How Expenses are Reimbursed
Health Care	\$3,400 \$680 Rollover	Copays, deductibles & coinsurance Eyeglasses, exam fees, contact lenses and solution. Most over the counter medications	Premiums for medical and dental plans Long Term Care Expenses	You may use your full annual election as of your effective date before the full amount is deposited to your account
Dependent\ Day Care	\$7,500 per family 2 ½ month grace period	Services provided by a licensed day care facility or facility with six or more children. Babysitting services while working	Private school tuition includes kindergarten. Babysitting when you are not working	You can only use up to the current balance in your account