

SUMMARY OF MONTHLY INSURANCE PREMIUMS 2009-2010

Medical

Plan	Tier	Employee Premium	State Premium	Total Premium	Agency HSA Contributions
PPO BCBS (NAU Only)	Emp Only	\$25	\$545	\$570.12	
	Emp+1	\$75	\$1,065	\$1,140.24	
	Family	\$125	\$1,471	\$1,596.34	
EPO (Aetna, AmeriBen, CIGNA)	Emp Only	\$39	\$484	\$523	
	Emp+Adult	\$97	\$1,013	\$1,110	
	Emp+child	\$79	\$967	\$1,046	
	Family	\$178	\$1,264	\$1,442	
PPO (Aetna, AmeriBen, CIGNA)	Emp Only	\$154	\$641	\$795	
	Emp+Adult	\$328	\$1,318	\$1,646	
	Emp+child	\$309	\$1,268	\$1,577	
	Family	\$443	\$1,699	\$2,142	
HSA (Aetna)	Emp Only	\$25	\$444	\$469	\$42
	Emp+Adult	\$80	\$906	\$986	\$83
	Emp+child	\$59	\$879	\$938	\$83
	Family	\$150	\$1,143	\$1,293	\$83

Dental

Plan	Tier	Employee Premium	State Premium	Total Premium
Total Dental (HMO)	Emp Only	\$5	\$4.96	\$9.96
	Emp+1	\$9	\$9.92	\$18.92
	Family	\$14	\$13.70	\$27.70
Delta Dental (PPO)	Emp Only	\$29.86	\$4.96	\$34.82
	Emp+1	\$67.93	\$9.92	\$77.85
	Family	\$118.12	13.70	131.82

Vision

Plan	Tier	Employee Premium
Avesis	Emp Only	\$4.83
	Emp+1	\$13.52
	Family	\$16.86
Discount Card*	Emp Only	\$0

*Discount Card is issued only if vision plan is not elected.