

NAU 2015 Employee Per Pay Period Benefit Contributions

Medical Coverage

Preferred Provider Organization (PPO)

In a PPO, you receive the highest benefit when you use providers included in the plan's 'Preferred' network (In-Network). You may use providers not in the plan's 'Preferred' network (Out-of Network), but your out of pocket expenses will be greater.

Sponsor\Network	Coverage Level	Per Pay Period Amount		
		You Pay	NAU Pays	Total
NAU • BCBSAZ	Single	\$25.02	\$269.33	\$294.35
	Employee + 1	\$70.64	\$518.06	\$588.70
	Family	\$123.63	\$700.55	\$824.18
State of Arizona • Aetna • BCBSAZ • United Health Care	Single	\$71.54	\$342.00	\$413.54
	Employee + Child	\$152.77	\$667.85	\$820.62
	Employee +Adult	\$161.54	\$695.08	\$856.62
	Family	\$224.31	\$890.31	\$1,114.62

Exclusive Provider Organization (EPO)

To receive any benefit under an EPO, you need to use providers included in the plan's 'Exclusive' network (In-Network). Services received from providers not in the plan's 'Exclusive' network (Out-of Network) are not covered.

Sponsor\Network	Coverage Level	Per Pay Period Amount		
		You Pay	NAU Pays	Total
State of Arizona • Aetna • BCBSAZ • CIGNA • United Health Care	Single	\$18.46	\$253.85	\$272.31
	Employee + Child	\$46.62	\$497.54	\$544.16
	Employee +Adult	\$54.92	\$522.92	\$577.84
	Family	\$102.00	\$648.46	\$750.46

High Deductible Health Plan (HDHP) and Health Savings Account (HSA)

- **HDHP** - This plan has a high deductible, which is the amount you pay out of pocket before you receive any benefit.
- **HSA** - Pre-tax contributions are made by both you & NAU into an account from which you can pay for out-of-pocket expenses.

Sponsor\Network	Coverage Level	Per Pay Period Amount		
		You Pay	NAU Pays	Total
State of Arizona • Aetna (HDHP)	Single	\$12.00	\$232.15	\$244.15
	Employee + Child	\$37.38	\$450.92	\$488.30
	Employee +Adult	\$47.08	\$466.15	\$513.23
	Family	\$89.08	\$583.85	\$672.93

Employer Contributions: NAU contributes \$27.70 for employee only and \$55.39 for all other levels per pay period. You may choose to also contribute to this account up to the annual maximum.

Dental Coverage

Dental Preferred Provider Organization (PPO)

In a dental PPO, you receive the highest benefit when you use providers included in the plan's 'Preferred' network (In-Network). You may use providers not in the plan's 'Preferred' network (Out-of Network), but your out of pocket expenses will be greater.

Sponsor\Network	Coverage Level	Per Pay Period Amount		
		<i>You Pay</i>	<i>NAU Pays</i>	<i>Total</i>
State of Arizona <ul style="list-style-type: none"> <i>Delta Dental Premier</i> 	Single	\$14.30	\$2.29	\$16.59
	Employee + Child	\$23.34	\$4.58	\$27.92
	Employee +Adult	\$30.33	\$4.58	\$34.91
	Family	\$48.26	\$6.32	\$54.58

Dental Health Maintenance Organization (DHMO)

To receive any benefit under a DHMO, you need to use providers included in the plan's 'Exclusive' network (In-Network) of providers. Services received from providers not the plan's 'Exclusive' network (Out-of Network) are not covered.

Sponsor\Network	Coverage Level	Per Pay Period Amount		
		<i>You Pay</i>	<i>NAU Pays</i>	<i>Total</i>
State of Arizona <ul style="list-style-type: none"> <i>Total Dental Administrators</i> 	Single	\$1.86	\$2.29	\$4.15
	Employee + Child	\$3.50	\$4.58	\$8.08
	Employee +Adult	\$3.72	\$4.58	\$8.30
	Family	\$6.12	\$6.32	\$12.44

Vision Coverage

Vision Preferred Provider Network (PPO)

In a vision PPO, you receive the highest benefit when you use providers included in the plan's 'Preferred' network (In-Network). You may use providers not in the plan's 'Preferred' network (Out-of Network), but your out of pocket expenses will be greater.

Sponsor\Network	Coverage Level	Amount You Pay Per Pay Period
State of Arizona <ul style="list-style-type: none"> <i>Avesis Advantage</i> 	Single	\$1.84
	Employee + Child	\$5.89
	Employee +Adult	\$5.97
	Family	\$7.43

Vision Discount Program

If you do not enroll in the Avesis Advantage option you will be automatically enrolled in the Avesis Discount Program at no cost to you. This program provides substantial discounts on vision exams and corrective materials received from providers that are in the network. Providers not participating in the program will not honor any of the discounted fees.

Basic Life Insurance and Individual Supplemental Life Insurance

\$15,000 of basic life insurance is provided to you through the Hartford at no cost. You must designate a beneficiary when you enroll for your benefits. You may purchase individual supplemental life insurance through either The Hartford or Aetna Life Insurance for yourself. Claims are paid to your designated beneficiary(ies).

	The Hartford		Aetna	
Coverage Amounts	You may purchase coverage in increments of \$5,000 up to the lesser of three times your annual salary or \$500,000.		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.	
Newly eligible employees	You may purchase up to the maximum amount of \$500,000.		You may purchase up to the maximum amount of \$300,000.	
Open Enrollment	<ul style="list-style-type: none"> You may increase, decrease or stop coverage. Elections or changes are made in multiples of \$5,000 up to a \$20,000 maximum annually. 		<ul style="list-style-type: none"> You may increase, decrease or stop coverage. If not enrolled you may only enroll in 1 times your annual salary. If enrolled you may elect an additional 1 times your annual salary. 	
Rates - Per Pay Period	<u>Age Range</u>	<u>Rate Per \$1,000 of Coverage</u>	<u>Age Range</u>	<u>Rate Per \$1,000 of Coverage</u>
	Under 30	\$0.037	18-24	\$0.019
	30-34	\$0.046	25-29	\$0.024
	35-39	\$0.051	30-34	\$0.034
	40-44	\$0.088	35-39	\$0.039
	45-49	\$0.120	40-44	\$0.043
	50-54	\$0.194	45-49	\$0.063
	55-59	\$0.277	50-54	\$0.097
	60-64	\$0.498	55-59	\$0.146
	65-69	\$0.498	60-64	\$0.218
	70+	\$0.789	65-69	\$0.291
			70+	\$0.460

Example Contribution Calculation – Your deduction may be different based on rounding.

	Coverage Amount	Rate	Cost Per Pay
Hartford – John is 46 and elects- \$50,000	$(\$50,000 \div 1,000) = 10$	X \$0.120 =	\$12.00
Aetna – Jane is 46 and his salary is \$50,000 per year. He elects 1 times his salary	$(\$50,000 \div 1,000) = 50$	X \$0.063 =	\$6.28

Dependent Life Insurance

You may purchase dependent life insurance through either Hartford Life Insurance or Aetna Life Insurance for your legal dependents. Claims are paid to you. This plan will cover all eligible dependents and you do not need to enroll them in the plan.

	The Hartford		Aetna	
Coverage Amounts	You may purchase amounts: \$2,000, \$4,000, \$6,000, \$10,000, \$12,000, \$15,000 or \$50,000		You may purchase \$5,000 or \$10,000	
Required Election	To purchase \$50,000 of coverage you must have individual coverage through Hartford of \$35,000.		You must purchase individual coverage to purchase Aetna dependent life insurance.	
Rates	<u>Benefit Amount</u>	<u>Cost Per Pay Period</u>	<u>Benefit Amount</u>	<u>Cost Per Pay Period</u>
	\$2,000	\$0.43	\$5,000	\$1.09
	\$4,000	\$0.87	\$10,000	\$2.20
	\$6,000	\$1.30		
	\$10,000	\$2.17		
	\$12,000	\$2.60		
	\$15,000	\$3.25		
	\$50,000	\$10.95		

Short Term Disability

You may purchase Short Term Disability (STD) through either The Hartford or Unum Provident for income replacement coverage for non-work related accident or illness. There is a maximum benefit of 26 weeks. Contributions are after tax so benefits are tax-free.

	The Hartford	Unum Provident															
Coverage Amounts	Weekly benefit of 66.66% of covered weekly base pay.	Weekly benefits of 70% of covered weekly base pay.															
Benefit payable	<p>If enrolled when initially offered</p> <ul style="list-style-type: none"> Injury: Immediately up to 26 weeks Illness: On 31st day up to 22 weeks. <p>If enrolled after initial offering Illness benefits payable after a 60 day waiting period and can continue for up to 18 weeks</p>	<ul style="list-style-type: none"> Illness or injury: On the 31st day up to 26 weeks Hospitalized 24 hours or more: Immediately up to 26 weeks Outpatient surgery: Immediately up to 26 weeks <p>Exception If you are deemed disabled 90 days prior to effective date of your coverage there may be a pre-existing condition exclusion.</p>															
Maximum Weekly Benefit	\$769.27 Maximum weekly benefit based on a maximum covered annual salary of up to \$60,000	<p>You may select one of three maximum weekly benefit amounts:</p> <table border="1"> <thead> <tr> <th></th> <th>Max Weekly Benefit</th> <th>Max Covered Annual Salary</th> </tr> </thead> <tbody> <tr> <td>A</td> <td></td> <td></td> </tr> <tr> <td>B</td> <td>\$750</td> <td>Up to \$55,714</td> </tr> <tr> <td>C</td> <td>\$1,500</td> <td>Up to \$111,430</td> </tr> <tr> <td></td> <td>\$2,000</td> <td>Up to \$148,571</td> </tr> </tbody> </table>		Max Weekly Benefit	Max Covered Annual Salary	A			B	\$750	Up to \$55,714	C	\$1,500	Up to \$111,430		\$2,000	Up to \$148,571
	Max Weekly Benefit	Max Covered Annual Salary															
A																	
B	\$750	Up to \$55,714															
C	\$1,500	Up to \$111,430															
	\$2,000	Up to \$148,571															
Benefit Offset	<p>After the waiting period is exhausted, benefits payments are offset by:</p> <ul style="list-style-type: none"> Paid sick Paid Vacation Donated leave 	Your benefit is not offset by other income.															
Open Enrollment	You may add or stop coverage.	You may add, increase, decrease, or stop coverage.															
Additional Benefits	Return to work benefit: partial benefits may be approved if working 80% or less than full time.	<ul style="list-style-type: none"> \$ 5,000 of term life coverage \$30,000 of AD&D coverage <p><i>You must enroll and designate a beneficiary during your online enrollment this is separate from your enrollment in STD.</i></p>															
Rates-Monthly	\$0.65 per \$100 of covered base pay	\$0.71 per \$100 of covered base pay															

Example Contribution Calculation – Your deduction may be different based on rounding.

	Coverage Amount	Rate	Monthly Cost	Cost Per Pay
Hartford John makes \$3,000 monthly	$(\$3,000 \div 100) = 30$	X .65 =	\$19.50	\$9.00
Unum Provident Jane makes \$3,000 monthly and elected a \$750 maximum weekly benefit	$(\$3,000 \div 100) = 30$	X .71 =	\$21.30	\$9.83



More detailed information including plan documents and Summary of Benefits Coverages (SBC) is located at <http://nau.edu/Human-Resources/Benefits/>.

This document contains a brief summary of some benefits which are subject to change at any time. This is not intended to be used as a certificate of coverage or a plan document.