

Health Plans – Premiums Per Month

CARRIERS - BLUECROSS BLUESHIELD of ARIZONA and UNITEDHEALTHCARE offer both plans.

TRIPLE CHOICE PLAN

\$675.45 - Employee Only
\$1,432.60 - Employee + Spouse
\$959.44 - Employee + 1 Child
\$1,679.96 - Family

HIGH DEDUCTIBLE HEALTH PLAN with HEALTH SAVINGS ACCOUNT

\$422.38 - Employee Only
\$896.23 - Employee + Spouse
\$599.08 - Employee + 1 Child
\$1,048.06 - Family

Dental Plans – Premiums Per Month

PLANS

PPO – DELTA DENTAL

\$36.66 - Employee
\$77.14 - Employee + Spouse
\$61.69 - Employee + 1 Child
\$120.63 - Employee + Family

DHMO – UHC SOLSTICE S00B*

\$8.69 - Employee
\$17.38 - Employee + Spouse
\$16.92 - Employee + 1 Child
\$26.05 - Employee + Family

**Coverage is not available in these states/territories: AK, AL, AR, DE, HI, IA, ID, LA, ME, MS, MT, ND, NE, NH, OK, RI, SD, VT, WV, WY, GU, USVI, and PR. Check to see if your provider is on the plan and see the plan coverage by visiting smilestateofaz.com. Use plan code S800B.*

Vision Plan – Premiums Per Month

COVERAGE - AVESIS ADVANTAGE PROGRAM

\$3.79 - Employee
\$12.61 - Employee + Spouse
\$12.48 - Employee + 1 Child
\$15.71 - Employee + Family