

**Triple Choice Plan - Premiums Per Month<sup>1</sup>**

**Carriers: BlueCross Blue Shield or UnitedHealthcare**

Without Medicare		With Medicare	
Retiree Only	\$708.53	Retiree Only	\$528.11
Retiree + One	\$1,657.21	Retiree + One (both Medicare)	\$1,049.05
Retiree + Family	\$2,233.12	Retiree + One (one Medicare)	\$1,223.49
		Retiree + Family	\$1,393.16

<sup>1</sup> For the NAU-only BCBS PPO Plan information, visit [nau.edu/human-resources/benefits/benefit-plan-document/](http://nau.edu/human-resources/benefits/benefit-plan-document/)

Dental Premiums Per Month	UHC Solstice S800B DHMO <sup>1</sup>	Delta Dental Plus Premier PPO
Retiree Only	\$8.52	\$35.94
Retiree + Adult	\$17.04	\$75.63
Retiree + Child	\$16.59	\$60.48
Retiree + Family	\$25.54	\$118.26

<sup>1</sup> Residents of these states and territories cannot enroll in the DHMO: 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](http://smilestateofaz.com). Use plan code S800B.

Avesis Advantage Program Vision Plan	Annual Premiums <sup>1</sup>
Retiree Only	\$44.64/year
Retiree + Spouse	\$148.32/year
Retiree + 1 Child	\$146.88/year
Retiree + Family	\$184.80/year

<sup>1</sup>For mid-year enrollments, bill will be prorated on a monthly basis.