

## Your 2006/2007 Contributions to Arizona Benefit Options

<b>MEDICAL MONTHLY PREMIUMS</b>	<b>SINGLE</b>			<b>FAMILY</b>		
	<b>Your Cost</b>	<b>State Cost</b>	<b>Total Prem</b>	<b>Your Cost</b>	<b>State Cost</b>	<b>Total Prem</b>
<i>Central Region: Maricopa, Gila, Pinal Counties</i>						
EPO: RAN+AMN	\$25.00	\$411.00	\$436.00	\$125.00	\$955.50	\$1,080.50
Schaller Anderson	\$25.00	\$411.00	\$436.00	\$125.00	\$955.50	\$1,080.50
UnitedHealthcare	\$25.00	\$411.00	\$436.00	\$125.00	\$955.50	\$1,080.50
PPO: AZ Foundation	\$140.00	\$567.00	\$707.00	\$390.00	\$1,335.00	\$1,725.00
UnitedHealthcare	\$140.00	\$567.00	\$707.00	\$390.00	\$1,335.00	\$1,725.00
<i>Southern Region: Pima, Santa Cruz Counties</i>						
EPO: RAN+AMN	\$25.00	\$398.00	\$423.00	\$125.00	\$921.50	\$1,046.50
Schaller Anderson	\$25.00	\$398.00	\$423.00	\$125.00	\$921.50	\$1,046.50
UnitedHealthcare	\$25.00	\$398.00	\$423.00	\$125.00	\$921.50	\$1,046.50
PPO: AZ Foundation	\$140.00	\$511.00	\$651.00	\$390.00	\$1,177.50	\$1,567.50
UnitedHealthcare	\$140.00	\$511.00	\$651.00	\$390.00	\$1,177.50	\$1,567.50
<i>Northern Region: Yavapai, Coconino, Navajo, Apache Counties</i>						
EPO: RAN+AMN	\$25.00	\$552.00	\$577.00	\$125.00	\$1,308.00	\$1,433.00
Schaller Anderson	\$25.00	\$552.00	\$577.00	\$125.00	\$1,308.00	\$1,433.00
PPO: AZ Foundation	\$140.00	\$598.50	\$738.50	\$390.00	\$1,450.00	\$1,840.00
<i>Southeastern Region: Graham, Greenlee, Cochise Counties</i>						
EPO: RAN+AMN	\$25.00	\$552.00	\$577.00	\$125.00	\$1,308.00	\$1,433.00
Schaller Anderson	\$25.00	\$552.00	\$577.00	\$125.00	\$1,308.00	\$1,433.00
PPO: AZ Foundation	\$140.00	\$598.50	\$738.50	\$390.00	\$1,450.00	\$1,840.00
<i>Western Region: Mohave, La Paz, Yuma Counties</i>						
EPO: RAN+AMN	\$25.00	\$552.00	\$577.00	\$125.00	\$1,308.00	\$1,433.00
Schaller Anderson	\$25.00	\$552.00	\$577.00	\$125.00	\$1,308.00	\$1,433.00
PPO: AZ Foundation	\$140.00	\$598.50	\$738.50	\$390.00	\$1,450.00	\$1,840.00
<i>Out-of-State</i>						
PPO: Beech Street	\$25.00	\$732.00	\$757.00	\$125.00	\$1,758.00	\$1,883.00
<i>NAU Only</i>						
BlueCross BlueShield	\$25.00	\$515.92	\$540.92	\$125.00	\$1,264.74	\$1,389.74

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DENTAL MONTHLY PREMIUMS	SINGLE			FAMILY		
	Your Cost	State Cost	Total Prem	Your Cost	State Cost	Total Prem
PrePaid: Assurant	\$4.68	\$6.18	\$10.86	\$18.02	\$11.50	\$29.52
Employers Dental Services	\$4.02	\$6.18	\$10.20	\$18.16	\$11.50	\$29.66
PPO: Delta Dental	\$14.56	\$17.88	\$32.44	\$54.14	\$51.75	\$105.89
MetLife Dental	\$12.90	\$15.40	\$28.30	\$45.00	\$43.50	\$88.50

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VISION MONTHLY PREMIUMS	SINGLE	FAMILY
Avesis Vision	\$6.34	\$17.18

## Your 2006/2007 Contributions to Arizona Benefit Options

<b>STANDARD EMPLOYEE SUPPLEMENTAL LIFE MONTHLY PREMIUMS PER \$1,000 OF COVERAGE</b>	
Your Age	Your Cost
29 and under	\$0.10
30-34	\$0.12
35-39	\$0.14
40-44	\$0.24
45-49	\$0.32
50-54	\$0.52
55-59	\$0.74
60-64	\$1.34
65-69	\$1.34
70+	\$2.12

<b>STANDARD DEPENDENT LIFE MONTHLY PREMIUMS</b>	
Coverage Amount	Your Cost
\$2,000.00	\$0.94
\$4,000.00	\$1.88
\$6,000.00	\$2.82
\$12,000.00	\$5.64
\$15,000.00	\$7.06

<b>AETNA EMPLOYEE/DEPENDENT SUPPLEMENTAL LIFE MONTHLY PREMIUMS PER \$1,000 OF COVERAGE</b>			
Your Age	ASU/ABOR	NAU	UA
18-24	\$0.13	\$0.04	\$0.06
25-29	\$0.15	\$0.06	\$0.06
30-34	\$0.16	\$0.07	\$0.06
35-39	\$0.20	\$0.09	\$0.10
40-44	\$0.23	\$0.14	\$0.16
45-49	\$0.29	\$0.21	\$0.26
50-54	\$0.37	\$0.31	\$0.32
55-59	\$0.48	\$0.42	\$0.50
60-64	\$0.63	\$0.58	\$0.76
65-69	\$0.92	\$0.80	\$1.14
70+	Contact HR Office		

## Your 2006/2007 Contributions to Arizona Benefit Options

<b>SHORT TERM DISABILITY MONTHLY PREMIUMS</b>	
	<b>Your Cost</b>
Standard Insurance Company	\$0.87 per \$100 of your monthly salary
UnumProvident Life and Accident Insurance Company	\$0.84 per \$100 of your monthly salary