

## Your 2007/2008 Contributions to Arizona Benefit Options

MONTHLY MEDICAL PREMIUMS	SINGLE			EMPLOYEE PLUS ONE DEPENDENT			FAMILY		
	Your Cost	State Cost	Total Prem	Your Cost	State Cost	Total Prem	Your Cost	State Cost	Total Prem
Central Region: Maricopa, Gila, Pinal Counties									
EPO: RAN+AMN	\$25.00	\$436.91	\$461.91	\$50.00	\$862.49	\$912.49	\$125.00	\$1,110.14	\$1,235.14
EPO: Schaller Anderson	\$25.00	\$436.91	\$461.91	\$50.00	\$862.49	\$912.49	\$125.00	\$1,110.14	\$1,235.14
EPO: UnitedHealthcare	\$25.00	\$436.91	\$461.91	\$50.00	\$862.49	\$912.49	\$125.00	\$1,110.14	\$1,235.14
PPO: AZ Foundation	\$140.00	\$609.01	\$749.01	\$280.00	\$1,199.66	\$1,479.66	\$390.00	\$1,612.86	\$2,002.86
PPO: UnitedHealthcare	\$140.00	\$609.01	\$749.01	\$280.00	\$1,199.66	\$1,479.66	\$390.00	\$1,612.86	\$2,002.86
Southern Region: Pima, Santa Cruz Counties									
EPO: RAN+AMN	\$25.00	\$423.13	\$448.13	\$50.00	\$835.28	\$885.28	\$125.00	\$1,073.32	\$1,198.32
EPO: Schaller Anderson	\$25.00	\$423.13	\$448.13	\$50.00	\$835.28	\$885.28	\$125.00	\$1,073.32	\$1,198.32
EPO: UnitedHealthcare	\$25.00	\$423.13	\$448.13	\$50.00	\$835.28	\$885.28	\$125.00	\$1,073.32	\$1,198.32
PPO: AZ Foundation	\$140.00	\$549.68	\$689.68	\$280.00	\$1,082.45	\$1,362.45	\$390.00	\$1,454.21	\$1,844.21
PPO: UnitedHealthcare	\$140.00	\$549.68	\$689.68	\$280.00	\$1,082.45	\$1,362.45	\$390.00	\$1,454.21	\$1,844.21
Northern Region: Yavapai, Coconino, Navajo, Apache Counties									
EPO: RAN+AMN	\$25.00	\$586.28	\$611.28	\$50.00	\$1,157.59	\$1,207.59	\$125.00	\$1,509.59	\$1,634.59
EPO: Schaller Anderson	\$25.00	\$586.28	\$611.28	\$50.00	\$1,157.59	\$1,207.59	\$125.00	\$1,509.59	\$1,634.59
PPO: AZ Foundation	\$140.00	\$642.38	\$782.38	\$280.00	\$1,265.58	\$1,545.58	\$390.00	\$1,702.10	\$2,092.10
Southeastern Region: Graham, Greenlee, Cochise Counties									
EPO: RAN+AMN	\$25.00	\$586.28	\$611.28	\$50.00	\$1,157.59	\$1,207.59	\$125.00	\$1,509.59	\$1,634.59
EPO: Schaller Anderson	\$25.00	\$586.28	\$611.28	\$50.00	\$1,157.59	\$1,207.59	\$125.00	\$1,509.59	\$1,634.59
PPO: AZ Foundation	\$140.00	\$642.38	\$782.38	\$280.00	\$1,265.58	\$1,545.58	\$390.00	\$1,702.10	\$2,092.10
Western Region: Mohave, La Paz, Yuma Counties									
EPO: RAN+AMN	\$25.00	\$586.28	\$611.28	\$50.00	\$1,157.59	\$1,207.59	\$125.00	\$1,509.59	\$1,634.59
EPO: Schaller Anderson	\$25.00	\$586.28	\$611.28	\$50.00	\$1,157.59	\$1,207.59	\$125.00	\$1,509.59	\$1,634.59
PPO: AZ Foundation	\$140.00	\$642.38	\$782.38	\$280.00	\$1,265.58	\$1,545.58	\$390.00	\$1,702.10	\$2,092.10
Out-of-State									
PPO: Beech Street	\$25.00	\$776.98	\$801.98	\$50.00	\$1,534.51	\$1,584.51	\$125.00	\$2,019.51	\$2,144.51

MONTHLY DENTAL PREMIUMS	SINGLE			FAMILY		
	Your Cost	State Cost	Total Prem	Your Cost	State Cost	Total Prem
PrePaid: Assurant Dental	\$4.68	\$6.18	\$10.86	\$18.02	\$11.50	\$29.52
PrePaid: Employers Dental Services	\$4.02	\$6.18	\$10.20	\$18.16	\$11.50	\$29.66
PPO: Delta Dental	\$14.56	\$19.82	\$34.38	\$54.14	\$55.90	\$110.04
PPO: MetLife Dental	\$12.90	\$20.59	\$33.49	\$45.00	\$60.14	\$105.14

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

STANDARD EMPLOYEE SUPPLEMENTAL LIFE MONTHLY PREMIUMS PER \$1,000 OF COVERAGE		STANDARD DEPENDENT LIFE	
Your Age	Your Cost	Coverage Amount	Your Cost
29 and under	\$0.10	\$2,000.00	\$0.94
30-34	\$0.12	\$4,000.00	\$1.88
35-39	\$0.14	\$6,000.00	\$2.82
40-44	\$0.24	\$12,000.00	\$5.64
45-49	\$0.32	\$15,000.00	\$7.05
50-54	\$0.52		
55-59	\$0.74		
60-64	\$1.34		
65-69	\$1.34		
70+	\$2.12		

AETNA EMPLOYEE SUPPLEMENTAL LIFE - MONTHLY PREMIUMS PER \$1,000 OF COVERAGE			
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		

SHORT TERM DISABILITY MONTHLY PREMIUMS	Your Cost	AETNA DEPENDENT LIFE	
Standard Insurance Company	\$0.87 per \$100 of your monthly salary	Coverage Amount	Your Cost
Unum Life and Accident Insurance Company	\$0.84 per \$100 of your monthly salary	\$5,000.00	\$0.66