



NOAO, NSO, LSST, CAS
REGULAR FULL-TIME PREMIUMS

2017 PLAN YEAR

Updated 10/7/16

	TOTAL MONTHLY	EMPLOYER PREMIUM		EMPLOYEE PREMIUM		
	PREMIUM	Monthly	Bi-Weekly	Monthly	Bi-Weekly	
MEDICAL						
A R I Z O N A	CONSUMER DRIVEN HEALTH PLAN-CIGNA* (HDHP)					
	EE Only	\$617.04	\$617.04	\$284.79	\$0.00	\$0.00
	EE + One Dependent	\$1,236.10	\$926.57	\$427.65	\$309.53	\$142.86
	EE + Family	\$1,843.21	\$1,230.13	\$567.75	\$613.09	\$282.96
	*premiums capped at 5% of salary					
	OPEN ACCESS PLAN-CIGNA (OAP)					
	EE Only	\$721.71	\$617.04	\$284.79	\$104.67	\$48.31
	EE + One Dependent	\$1,457.77	\$926.57	\$427.65	\$531.20	\$245.17
	EE + Family	\$2,178.36	\$1,230.13	\$567.75	\$948.24	\$437.65
	N E W M E X I C O	CONSUMER DRIVEN HEALTH PLAN-CIGNA (HDHP)				
EE Only		\$801.75	\$801.75	\$370.04	\$0.00	\$0.00
EE + One Dependent		\$1,606.15	\$1,203.95	\$555.67	\$402.20	\$185.63
EE + Family		\$2,330.96	\$1,566.36	\$722.93	\$764.61	\$352.89
*premiums capped at 5% of salary						
OPEN ACCESS PLAN-CIGNA (OAP)						
EE Only		\$972.35	\$801.75	\$370.04	\$170.60	\$78.74
EE + One Dependent		\$1,960.56	\$1,203.95	\$555.67	\$756.61	\$349.20
EE + Family		\$2,850.91	\$1,566.36	\$722.93	\$1,284.56	\$592.87
*premiums capped at 5% of salary						

HEALTH SAVINGS ACCOUNT CONTRIBUTIONS FOR EMPLOYEES ENROLLED IN THE HDHP

	ANNUAL EMPLOYER CONTRIBUTION
Individual/Family	\$300.00
Individual Wellness	up to \$350
Family Wellness	up to \$650

DENTAL

U S A	METLIFE					
	EE Only	\$45.31	\$45.31	\$20.91	\$0.00	\$0.00
	EE + Spouse	\$90.34	\$67.83	\$31.30	\$22.52	\$10.39
	EE + Child(ren)	\$96.12	\$70.72	\$32.64	\$25.41	\$11.73
	EE + Family	\$136.85	\$91.08	\$42.04	\$45.77	\$21.12
A R I Z O N A	EDS					
	EE Only	\$12.09	\$12.09	\$5.58	\$0.00	\$0.00
	EE + One Dependent	\$21.01	\$16.55	\$7.64	\$4.46	\$2.06
	EE + Family	\$28.62	\$20.36	\$9.39	\$8.27	\$3.81
*premiums capped at .5% of salary						

VISION

UNITED HEALTH CARE					
EE Only	\$6.35			\$6.35	\$2.93
EE + Spouse	\$12.61			\$12.61	\$5.82
EE + Child(ren)	\$13.21			\$13.21	\$6.10
EE + Family	\$19.78			\$19.78	\$9.13

LIFE INSURANCE

Voluntary Life	MONTHLY PREMIUM PER \$10,000 COVERAGE			
CIGNA Group Insurance	EE Smoker	EE Non-Smoker	Spouse	Child(ren)
<25	\$1.27	\$0.67	\$0.60	\$1.20
25-29	\$1.27	\$0.67	\$0.75	
30-34	\$1.42	\$0.75	\$0.97	
35-39	\$1.80	\$0.97	\$1.12	
40-44	\$2.92	\$1.57	\$1.20	
45-49	\$5.02	\$2.62	\$1.80	
50-54	\$8.62	\$4.27	\$2.85	
55-59	\$14.10	\$7.57	\$5.25	
60-64	\$16.27	\$9.30	\$8.10	
65-69	\$26.92	\$16.57	\$15.55	
70-74	\$42.07	\$28.05		

Voluntary AD&D	MONTHLY PREMIUM PER \$1,000 COVERAGE
CIGNA Group Insurance	
Employee	\$0.02
Spouse	\$0.02

PET HEALTHCARE DISCOUNT PROGRAM

	BI-WEEKLY PREMIUM			
United Pet Care, LLC	One Pet	Two Pets	Three Pets	Each Additional Pet
Choice	\$4.89	\$9.32	\$13.66	\$4.29
Select 2000 II	\$4.04	\$7.66	\$11.22	\$3.55