

# SAU Retirees

**2016-2017 Insurance Rates**      **Type of Plan**      **Monthly Premium/Subsidy**

Effective July 1, 2016

**SAU OFFICE**

Medical		
Medicomp Per Person		547.18
Medicomp W/O RX		210.21
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BCNE 1-person (\$20.00 co-payment)		902.93
BCNE 2-person (\$20.00 co-payment)		1,805.85
BCNE Family (\$20.00 co-payment)		2,437.90
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BC 1-person (\$10 Co-payment)		928.83
BC 2-person (\$10 Co-payment)		1,857.66
BC Family (\$10 Co-payment)		2,507.83
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AB 1-person (\$10 Co-payment)		851.79
AB 2-person(\$10 Co-payment)		1,703.57
AB Family (\$10 Co-payment)		2,299.82
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Dental		
1-Person 1S		45.35
2-Person 1S		87.61
Family 1S		156.71

**RX \$3/15 M \$3/7 ALL PLANS**

**NHRS Medical Subsidy**

1-Person	375.56
2-Person	751.12
Medicomp 1-Person	236.84
Medicomp 2-Person	473.68

