



2024-2025
Plan Year Benefit Premiums
Medical – Dental – Vision

| BlueCross BlueShield Medical High Deductible PPO Plan | | |
|---|----------------|-----------------------|
| | Monthly | Per Pay Period |
| Employee Only | \$110.00 | \$55.00 |
| Employee & Spouse | \$670.00 | \$335.00 |
| Employee & Child(ren) | \$240.00 | \$120.00 |
| Employee & Family | \$680.00 | \$340.00 |
| *Dual Enrolled Employees | \$344.00 | \$172.00 |
| BlueCross BlueShield Medical Preferred PPO Plan | | |
| | Monthly | Per Pay Period |
| Employee Only | \$126.00 | \$63.00 |
| Employee & Spouse | \$750.00 | \$375.00 |
| Employee & Child(ren) | \$510.00 | \$255.00 |
| Employee & Family | \$951.00 | \$475.50 |
| *Dual Enrolled Employees | \$620.00 | \$310.00 |
| <i>*Dual Enrolled NSU Employees are defined as two married benefit-eligible employees with children covered under one of the NSU/ICUBA medical insurance plans.</i> | | |
| Delta Dental DentalCare USA DHMO | | |
| | Monthly | Per Pay Period |
| Employee Only | \$11.83 | \$5.92 |
| + one Dependent | \$23.73 | \$11.87 |
| +more than one Dependent | \$36.85 | \$18.43 |
| Delta Dental Base Plan | | |
| | Monthly | Per Pay Period |
| Employee Only | \$23.80 | \$11.90 |
| + one Dependent | \$55.32 | \$27.66 |
| +more than one Dependent | \$91.59 | \$45.80 |
| Delta Dental Buy-Up Plan | | |
| | Monthly | Per Pay Period |
| Employee Only | \$41.69 | \$20.85 |
| + one Dependent | \$83.04 | \$41.52 |
| +more than one Dependent | \$139.65 | \$69.83 |
| EyeMed Vision Base Plan | | |
| | Monthly | Per Pay Period |
| Employee Only Coverage | \$4.74 | \$2.37 |
| Family Coverage | \$12.15 | \$6.08 |
| EyeMed Vision Enhanced (Buy Up) Plan | | |
| | Monthly | Per Pay Period |
| Employee Only Coverage | \$7.38 | \$3.69 |
| Family Coverage | \$18.87 | \$9.44 |



2024-2025
Plan Year Benefit Premiums
Optional Coverage

| <i>APL GAP \$3,000 Insurance for Preferred PPO Plan</i> | | |
|--|----------------|-----------------------|
| | Monthly | Per Pay Period |
| Employee Only | \$36.37 | \$18.19 |
| Employee & Spouse | \$74.21 | \$37.11 |
| Employee & Child(ren) | \$63.53 | \$31.76 |
| Employee & Family | \$92.76 | \$46.38 |
| <i>APL GAP \$5,000 Insurance for High Deductible Plan</i> | | |
| | Monthly | Per Pay Period |
| Employee Only | \$44.51 | \$22.25 |
| Employee & Spouse | \$90.81 | \$45.40 |
| Employee & Child(ren) | \$77.77 | \$38.89 |
| Employee & Family | \$113.55 | \$56.77 |
| <i>Pet Coverage Pet Benefit Solutions</i> | | |
| | Monthly | Per Pay Period |
| Single Pet Household | \$11.76 | \$5.88 |
| Multiple Pet Household | \$18.50 | \$9.25 |
| <i>LegalShield & IDShield</i> | | |
| | Monthly | Per Pay Period |
| IDShield Employee | \$7.45 | \$3.72 |
| IDShield Family | \$14.05 | \$7.02 |
| IDShield + LegalShield Employee | \$23.45 | \$11.72 |
| IDShield + LegalShield Family | \$29.05 | \$14.52 |