### BCBS Preferred PPO

<table>
<thead>
<tr>
<th>NSU CONTRIBUTES</th>
<th>EMPLOYEE CONTRIBUTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>HRA contribution</td>
</tr>
<tr>
<td>Per pay period</td>
<td>Monthly premium</td>
</tr>
<tr>
<td></td>
<td>Per pay period</td>
</tr>
</tbody>
</table>

**Employee Only Coverage**
- Premium: $471
- HRA: $50
- Monthly: $87
- Per pay period: $43.50

**Employee & Spouse Coverage**
- Premium: $593
- HRA: $100
- Monthly: $593
- Per pay period: $296.50

**Employee and Child(ren)**
- Premium: $624
- HRA: $100
- Monthly: $381
- Per pay period: $190.50

**Family Coverage**
- Premium: $797
- HRA: $100
- Monthly: $765
- Per pay period: $382.50

* Special rates apply for 2 eligible NSU employees with dependent children. Email HR4U@nova.edu for information about the premium and eligibility requirements.

### Humana Dental

<table>
<thead>
<tr>
<th>Dental PPO High Option</th>
<th>Dental PPO Low Option</th>
<th>Dental HMO-CS250 Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>Per pay period</td>
<td>Monthly premium</td>
</tr>
</tbody>
</table>

**Employee Only Coverage**
- Dental PPO High Option: $36.68
- Dental PPO Low Option: $18.34
- Dental HMO-CS250 Option: $19.48

**Employee + One Dependent**
- Dental PPO High Option: $73.04
- Dental PPO Low Option: $36.52
- Dental HMO-CS250 Option: $45.28

**Family Coverage**
- Dental PPO High Option: $122.84
- Dental PPO Low Option: $61.42
- Dental HMO-CS250 Option: $74.96

### Advantica Eye Care

<table>
<thead>
<tr>
<th>Vision Buy-Up Plan Option</th>
<th>Basic Vision Plan Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>Per pay period</td>
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</table>

**Employee Only Coverage**
- Vision Buy-Up Plan Option: $4.78
- Basic Vision Plan Option: $2.39

**Family Coverage**
- Vision Buy-Up Plan Option: $12.22
- Basic Vision Plan Option: $6.11