

2021 -2022 COBRA Premiums

BlueCross BlueShield Preferred PPO							
Employee Coverage		Employee + Spouse		Employee + Child(ren)		Family	
\$687.48		\$1,464.72		\$1,239.30		\$1,929.84	
BlueCross BlueShield Premier PPO							
Employee Coverage		Employee + Spouse		Employee + Child(ren)		Family	
\$784.00		\$1,669.00		\$1,414.00		\$2,199.00	
BlueCross BlueShield \$4K/\$8K PPO							
Employee Coverage		Employee + Spouse		Employee + Child(ren)		Family	
\$669.00		\$1,429.00		\$966.00		\$1,618.00	
Delta Dental DHMO		Delta Dental Base Plan		Delta Dental Buy-Up Plan			
Employee Only	\$12.07	Employee Only	\$24.28	Employee Only	\$42.52		
Employee + One	\$24.20	Employee + One	\$56.43	Employee + One	\$84.70		
Family	\$37.59	Family	\$93.42	Family	\$142.44		
Eyemed Base Vision Plan		Eyemed Buy Up Vision Plan				ICUBA also provides access to private marketplace exchange for employees not eligible for healthcare or are transitioning off of the NSU sponsored plan. For more information visit www.GetInsured.com/ICUBA or call 877-247-2941	
Employee Only	\$4.83	Employee Only	\$7.53				
Family	\$12.39	Family	\$19.25				

