

**2023-2024**  
**Plan Year Benefit Premiums**  
**Medical – Dental – Vision**

| <b>BlueCross BlueShield Medical High Deductible PPO Plan</b>  |          |                |
|---|----------|----------------|
|   | Monthly  | Per Pay Period |
| Employee Only   | \$99.00  | \$49.50        |
| Employee & Spouse   | \$611.00 | \$305.50       |
| Employee & Child(ren)   | \$219.00 | \$109.50       |
| Employee & Family   | \$615.00 | \$307.50       |
| *Dual Enrolled Employees  | \$313.00 | \$156.50       |
| <b>BlueCross BlueShield Medical Preferred PPO Plan</b>  |          |                |
|   | Monthly  | Per Pay Period |
| Employee Only   | \$108.50 | \$57.25        |
| Employee & Spouse   | \$718.00 | \$359.00       |
| Employee & Child(ren)   | \$462.00 | \$231.00       |
| Employee & Family   | \$909.00 | \$454.50       |
| *Dual Enrolled Employees  | \$566.00 | \$283.00       |
| <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> |          |                |
| <b>Delta Dental DentalCare USA DHMO</b>   |          |                |
|   | Monthly  | Per Pay Period |
| Employee Only   | \$11.83  | \$5.92         |
| + one Dependent   | \$23.73  | \$11.87        |
| +more than one Dependent  | \$36.85  | \$18.43        |
| <b>Delta Dental Base Plan</b>   |          |                |
|   | Monthly  | Per Pay Period |
| Employee Only   | \$23.80  | \$11.90        |
| + one Dependent   | \$55.32  | \$27.66        |
| +more than one Dependent  | \$91.59  | \$45.80        |
| <b>Delta Dental Buy-Up Plan</b>   |          |                |
|   | Monthly  | Per Pay Period |
| Employee Only   | \$41.69  | \$20.85        |
| + one Dependent   | \$83.04  | \$41.52        |
| +more than one Dependent  | \$139.65 | \$69.83        |
| <b>EyeMed Vision Base Plan</b>  |          |                |
|   | Monthly  | Per Pay Period |
| Employee Only Coverage  | \$4.74   | \$2.37         |
| Family Coverage   | \$12.15  | \$6.08         |
| <b>EyeMed Vision Enhanced (Buy Up) Plan</b>   |          |                |
|   | Monthly  | Per Pay Period |
| Employee Only Coverage  | \$7.38   | \$3.69         |
| Family Coverage   | \$18.87  | \$9.44         |



**2023-2024**  
**Plan Year Benefit Premiums**  
**Optional Coverage**

| <i><b>APL GAP Insurance for Preferred PPO Plan</b></i>   |                |                       |
|--|----------------|-----------------------|
|  | <b>Monthly</b> | <b>Per Pay Period</b> |
| Employee Only  | \$33.71        | \$16.86               |
| Employee & Spouse  | \$68.81        | \$34.41               |
| Employee & Child(ren)                                    | \$58.97        | \$29.49               |
| Employee & Family  | \$86.08        | \$43.04               |
| <i><b>APL GAP Insurance for High Deductible Plan</b></i> |                |                       |
|  | <b>Monthly</b> | <b>Per Pay Period</b> |
| Employee Only  | \$43.02        | \$21.51               |
| Employee & Spouse  | \$87.78        | \$43.89               |
| Employee & Child(ren)                                    | \$75.26        | \$37.63               |
| Employee & Family  | \$109.84       | \$54.92               |
| <i><b>Pet Coverage Pet Benefit Solutions</b></i>         |                |                       |
|  | <b>Monthly</b> | <b>Per Pay Period</b> |
| Single Pet Household                                     | \$11.76        | \$5.88                |
| Multiple Pet Household                                   | \$18.50        | \$9.25                |
| <i><b>LegalShield &amp; IDShield</b></i>                 |                |                       |
|  | <b>Monthly</b> | <b>Per Pay Period</b> |
| 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               |