

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

<b>BlueCross BlueShield Medical High Deductible PPO Plan</b>		
	<b>Monthly</b>	<b>Per Pay Period</b>
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>		
	<b>Monthly</b>	<b>Per Pay Period</b>
Employee Only	\$114.50	\$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>		
	<b>Monthly</b>	<b>Per Pay Period</b>
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>		
	<b>Monthly</b>	<b>Per Pay Period</b>
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>		
	<b>Monthly</b>	<b>Per Pay Period</b>
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>		
	<b>Monthly</b>	<b>Per Pay Period</b>
Employee Only Coverage	\$4.74	\$2.37
Family Coverage	\$12.15	\$6.08
<b>EyeMed Vision Enhanced (Buy Up) Plan</b>		
	<b>Monthly</b>	<b>Per Pay Period</b>
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