

**2018-2019 Plan Year Benefit Premium
Medical - Dental - Vision**

BlueCross BlueShield Medical \$4000/\$8000 PPO Plan		
	Monthly	Per Pay Period
Employee Only	\$88.00	\$44.00
Employee & Spouse	\$633.00	\$316.50
Employee & Child(ren)	\$234.00	\$117.00
Employee & Family	\$658.00	\$329.00
*Dual Enrolled Employees	\$337.00	\$168.50
BlueCross BlueShield Medical Preferred PPO Plan		
	Monthly	Per Pay Period
Employee Only	\$93.00	\$46.50
Employee & Spouse	\$640.00	\$320.00
Employee & Child(ren)	\$411.00	\$205.50
Employee & Family	\$826.00	\$413.00
*Dual Enrolled Employees	\$505.00	\$252.50
BlueCross BlueShield Medical Premier PPO Plan		
	Monthly	Per Pay Period
Employee Only	\$228.00	\$114.00
Employee & Spouse	\$887.00	\$443.50
Employee & Child(ren)	\$654.00	\$327.00
Employee & Family	\$1,133.00	\$566.50
*Dual Enrolled Employees	\$883.00	\$441.50
<i>*Dual enrolled NSU employees are defined as two married NSU employees, with children covered under one of the NSU/ICUBA medical insurance plans.</i>		
Humana Dental DHMO (CS250)		
	Monthly	Per Pay Period
Employee Only	\$11.72	\$5.86
+ one Dependent	\$23.50	\$11.75
+ more than one Dependent	\$36.50	\$18.25
Humana Dental Preventive Plus PPO		
	Monthly	Per Pay Period
Employee Only	\$19.48	\$9.74
+ one Dependent	\$45.28	\$22.64
+ more than one Dependent	\$74.96	\$37.48
Humana Dental PPO High Coverage		
	Monthly	Per Pay Period
Employee Only	\$39.77	\$19.89
+ one Dependent	\$79.21	\$39.61
+ more than one Dependent	\$133.21	\$66.61
EyeMed Vision Base Plan		
	Monthly	Per Pay Period
Employee Only Coverage	\$3.91	\$1.96
Family Coverage	\$10.02	\$5.01
EyeMed Vision Enhanced (Buy Up) Plan		
	Monthly	Per Pay Period
Employee Only Coverage	\$4.83	\$2.42
Family Coverage	\$12.36	\$6.18

