

**2020-2021 Plan Year Benefit Premiums**

**Medical – Dental – Vision**

<b>BlueCross BlueShield Medical \$4000/\$8000 PPO Plan</b>		
	<b>Monthly</b>	<b>Per Pay Period</b>
Employee Only	\$97.00	\$48.50
Employee & Spouse	\$598.00	\$299.00
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 \$2500/\$5000</b>		
	<b>Monthly</b>	<b>Per Pay Period</b>
Employee Only	\$102.00	\$51.00
Employee & Spouse	\$702.00	\$351.00
Employee & Child(ren)	\$450.00	\$225.00
Employee & Family	\$889.00	\$444.50
*Dual Enrolled Employees	\$554.00	\$277.00
<b>BlueCross BlueShield Medical Premier PPO Plan \$2500/\$5000</b>		
	<b>Monthly</b>	<b>Per Pay Period</b>
Employee Only	\$257.00	\$128.50
Employee & Spouse	\$1,000.00	\$500.00
Employee & Child(ren)	\$738.00	\$369.00
Employee & Family	\$1,278.00	\$639.00
*Dual Enrolled Employees	\$996.00	\$498.00
<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>		
<b>Humana Dental DHMO (CS250)</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>Humana Dental Preventive Plus PPO</b>		
	<b>Monthly</b>	<b>Per Pay Period</b>
Employee Only	\$19.67	\$9.83
+ one Dependent	\$45.72	\$22.86
+ more than one Dependent	\$75.69	\$37.84
<b>Humana Dental PPO High Coverage</b>		
	<b>Monthly</b>	<b>Per Pay Period</b>
Employee Only	\$40.81	\$20.41
+ one Dependent	\$81.29	\$40.65
+ more than one Dependent	\$136.71	\$68.36
<b>EyeMed Vision Base Plan</b>		
	<b>Monthly</b>	<b>Per Pay Period</b>
Employee Only Coverage	\$3.91	\$1.96
Family Coverage	\$10.02	\$5.01
<b>EyeMed Vision Enhanced (Buy Up) Plan</b>		
	<b>Monthly</b>	<b>Per Pay Period</b>
Employee Only Coverage	\$4.83	\$2.42
Family Coverage	\$12.36	\$6.18

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**GAP – Pet Coverage**

<b><i>APL GAP Insurance Premier and Preferred PPO Plans</i></b>		
	<b>Monthly</b>	<b>Per Pay Period</b>
Employee Only	\$33.71	\$16.90
Employee & Spouse	\$68.81	\$34.41
Employee & Child(ren)	\$58.97	\$29.46
Employee & Family	\$86.08	\$43.04
<b><i>APL GAP Insurance \$4K/\$8K PPO Plan</i></b>		
	<b>Monthly</b>	<b>Per Pay Period</b>
Employee Only	\$34.05	\$17.03
Employee & Spouse	\$61.30	\$30.65
Employee & Child(ren)	\$65.32	\$32.66
Employee & Family	\$92.56	\$46.28
<b><i>Pet Coverage Pet Benefit Solutions</i></b>		
	<b>Monthly</b>	<b>Per Pay Period</b>
Single Pet Household	\$11.75	\$5.88
Multiple Pet Household	\$18.50	\$9.25