



2025 Benefit Premiums
 (Effective April 1st, 2025 – March 31st, 2026)

<i>BlueCross BlueShield Medical High Deductible PPO Plan</i>		
	Monthly	Per Pay Period
Employee Only	\$130.00	\$65.00
Employee & Spouse	\$738.00	\$369.00
Employee & Child(ren)	\$264.00	\$132.00
Employee & Family	\$750.00	\$375.00
*Dual Enrolled Employees	\$380.00	\$190.00
<i>BlueCross BlueShield Medical Preferred PPO Plan</i>		
	Monthly	Per Pay Period
Employee Only	\$160.00	\$80.00
Employee & Spouse	\$826.00	\$413.00
Employee & Child(ren)	\$562.00	\$281.00
Employee & Family	\$1,048.00	\$524.00
*Dual Enrolled Employees	\$683.00	\$341.50
<i>*Dual Enrolled NSU Employees are defined as two married benefit-eligible employees with at least one child covered under one of the NSU/ICUBA medical insurance plans.</i>		

<i>Delta Dental DentalCare USA DHMO</i>		
	Monthly	Per Pay Period
Employee Only	\$11.83	\$5.92
Employee + one Dependent	\$23.73	\$11.87
Employee + more than one dependent	\$36.85	\$18.43
<i>Delta Dental Base Plan</i>		
	Monthly	Per Pay Period
Employee Only	\$23.80	\$11.90
Employee + one Dependent	\$55.32	\$27.66
Employee + more than one dependent	\$91.59	\$45.80
<i>Delta Dental Buy-Up Plan</i>		
	Monthly	Per Pay Period
Employee Only	\$41.69	\$20.85
Employee + one Dependent	\$83.04	\$41.52
Employee + more than one dependent	\$139.65	\$69.83

EyeMed Vision Base Plan

	Monthly	Per Pay Period
Employee Only	\$4.74	\$2.37
Employee + Family	\$12.16	\$6.08

EyeMed Vision Enhanced (Buy Up) Plan

	Monthly	Per Pay Period
Employee Only	\$7.75	\$3.69
Employee + Family	\$19.81	\$9.44

APL GAP Insurance for Preferred PPO Plan

	Monthly	Per Pay Period
Employee Only	\$36.37	\$18.19
Employee & Spouse	\$74.21	\$37.11
Employee & Child(ren)	\$63.53	\$31.76
Employee & Family	\$92.76	\$46.38

APL GAP Insurance for High Deductible Plan

	Monthly	Per Pay Period
Employee Only	\$44.51	\$22.25
Employee & Spouse	\$90.81	\$45.40
Employee & Child(ren)	\$77.77	\$38.89
Employee & Family	\$113.55	\$56.77

Pet Coverage Pet Benefit Solutions

	Monthly	Per Pay Period
Single Pet	\$11.76	\$5.88
Multiple Pets	\$18.50	\$9.25

LegalShield & IDShield

	Monthly	Per Pay Period
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

Aflac – Accident Insurance

	Monthly	Per Pay Period
Employee Only	\$10.35	\$5.18
Employee & Spouse	\$17.76	\$8.88
Employee and Child(ren)	\$20.43	\$10.22
Employee & Family	\$27.84	\$13.92

Aflac – Critical Illness

Rates will vary depending on your selected coverage. || Children will be covered at a 50%.

Aflac – Hospital Insurance (Mid Tier)

	Monthly	Per Pay Period
Employee Only	\$12.72	\$6.36
Employee & Spouse	\$25.64	\$12.82
Employee & Child(ren)	\$20.04	\$10.02
Employee & Family	\$32.96	\$16.48

Aflac – Hospital Insurance (Low Tier)

	Monthly	Per Pay Period
Employee Only	\$7.32	\$3.66
Employee & Spouse	\$15.74	\$7.87
Employee & Child(ren)	\$12.44	\$6.22
Employee & Family	\$20.86	\$10.43