

2021-2022
Plan Year Benefit Premiums
Medical – Dental – Vision

BlueCross BlueShield Medical \$4000/\$8000 PPO Plan		
	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
BlueCross BlueShield Medical Preferred PPO Plan \$2500/\$5000		
	Monthly	Per Pay Period
Employee Only	\$104.00	\$52.00
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
BlueCross BlueShield Medical Premier PPO Plan \$2500/\$5000		
	Monthly	Per Pay Period
Employee Only	\$282.00	\$141.00
Employee & Spouse	\$1,100.00	\$550.00
Employee & Child(ren)	\$812.00	\$406.00
Employee & Family	\$1,406.00	\$703.00
*Dual Enrolled Employees	\$1,096.00	\$548.00
<i>*Dualenrolled NSUemployees are defined as two married benefit-eligible employees,with children covered under one of the NSU/ICUBA medical insurance plans.</i>		
Delta Dental DHMO		
	Monthly	Per Pay Period
Employee Only	\$11.83	\$5.92
+ one Dependent	\$23.73	\$11.87
+morethanoneDependent	\$36.85	\$18.43
Delta Dental Base Plan		
	Monthly	Per Pay Period
Employee Only	\$23.80	\$11.90
+ one Dependent	\$55.32	\$27.66
+morethanoneDependent	\$91.59	\$45.80
Delta Dental Buy-Up Plan		
	Monthly	Per Pay Period
Employee Only	\$41.69	\$20.85
+ one Dependent	\$83.04	\$41.52
+morethanoneDependent	\$139.65	\$69.83
EyeMed Vision Base Plan		
	Monthly	Per Pay Period
Employee Only Coverage	\$4.74	\$2.37
Family Coverage	\$12.15	\$6.08
EyeMed Vision Enhanced (Buy Up) Plan		
	Monthly	Per Pay Period
Employee Only Coverage	\$7.38	\$3.69
Family Coverage	\$18.87	\$9.44



2021-2022
Plan Year Benefit Premiums
GAP Insurance & Pet Assure Discount Plan

<i>APL GAP Insurance Premier and Preferred PPO Plans</i>		
	Monthly	Per Pay Period
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>APL GAP Insurance \$4K/\$8K PPO Plan</i>		
	Monthly	Per Pay Period
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>Pet Coverage Pet Benefit Solutions</i>		
	Monthly	Per Pay Period
Single Pet Household	\$11.76	\$5.88
Multiple Pet Household	\$18.50	\$9.25