

# Under 65 Retiree Program Rates

BlueCross BlueShield Preferred PPO							
Employee Coverage		Employee + Spouse		Employee + Child(ren)		Family	
\$641		\$1,364.00		\$1,154.00		\$1,797.00	
BlueCross BlueShield Premier PPO							
Employee Coverage		Employee + Spouse		Employee + Child(ren)		Family	
\$673		\$1,431.00		\$1,212.00		\$1,886.00	
BlueCross BlueShield \$4K/\$8K PPO							
Employee Coverage		Employee + Spouse		Employee + Child(ren)		Family	
\$636		\$1,357.00		\$966		\$1,618.00	
DHMO CS250 Dental Plan		Preventive Plus Dental PPO		PPO Dental High Option			
Employee Only	\$11.83	Employee Only	\$19.67	Employee Only	\$40.81		
Employee + One	\$23.73	Employee + One	\$45.72	Employee + One	\$81.29		
Family	\$36.85	Family	\$75.69	Family	\$136.71		
Base Vision Plan		Buy Up Vision Plan		ICUBA also provides access to private marketplace exchange for employees not eligible for healthcare or are transitioning off of the NSU sponsored plan. For more information visit <a href="http://www.GetInsured.com/ICUBA">www.GetInsured.com/ICUBA</a> or call 877-247-2941			
Employee Only	\$3.91	Employee Only	\$4.83				
Family	\$10.02	Family	\$12.36				

