

Over 65 Retiree Program Rates

BlueCross BlueShield Preferred PPO								
Employee Coverage		Employee + Spouse		Employee + Child(ren)		Family		
\$833		\$1,773.00		\$1,500.00		\$2,336.00		
BlueCross BlueShield Premier PPO								
Employee Coverage		Employee + Spouse		Employee + Child(ren)		Family		
\$875		\$1,860.00		\$1,575.00		\$2,452.00		
BlueCross BlueShield \$4K/\$8K PPO								
Employee Coverage		Employee + Spouse		Employee + Child(ren)		Family		
\$827		\$1,764.00		\$1,256.00		\$2,103.00		
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 www.GetInsured.com/ICUBA or call 877-247-2941		
Employee Only		\$3.91	Employee Only		\$4.83			
Family		\$10.02	Family		\$12.36			

