

2022-2023
Plan Year Benefit Premiums
Medical – Dental – Vision

BlueCross BlueShield Medical High Deductible 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	\$327.00	\$163.50
BlueCross BlueShield Medical Preferred PPO Plan		
	Monthly	Per Pay Period
Employee Only	\$108.50	\$54.25
Employee & Spouse	\$718.00	\$359.00
Employee & Child(ren)	\$462.00	\$231.00
Employee & Family	\$909.00	\$454.50
*Dual Enrolled Employees	\$590.00	\$295.00
<i>*Dual Enrolled NSU Employees are defined as two married benefit-eligible employees with children covered under one of the NSU/ICUBA medical insurance plans.</i>		
Delta Dental DentalCare USA DHMO		
	Monthly	Per Pay Period
Employee Only	\$11.83	\$5.92
+ one Dependent	\$23.73	\$11.87
+more than one Dependent	\$36.85	\$18.43
Delta Dental Base Plan		
	Monthly	Per Pay Period
Employee Only	\$23.80	\$11.90
+ one Dependent	\$55.32	\$27.66
+more than one Dependent	\$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
+more than one Dependent	\$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



2022-2023
Plan Year Benefit Premiums
Optional Coverage

<i>APL GAP Insurance for Preferred PPO Plan</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 for High Deductible 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
<i>LegalShield & IDShield</i>		
	Monthly	Per Pay Period
LegalShield – Individual	\$15.95	\$7.98
LegalShield – Family	\$15.95	\$7.98
IDShield - Individual	\$8.45	\$4.23
IDShield – Family	\$15.95	\$7.98
Combined – Individual	\$24.40	\$12.20
Combined - Family	\$28.90	\$14.45