

ICUBA PREMIUMS FOR THE PLAN YEAR BEGINNING APRIL 1, 2023

BLUECROSS BLUESHIELD MEDICAL	COVERAGE TIER	MONTHLY RATES
<u>RETIREE UNDER 65</u> PREFERRED PPO PLAN	INDIVIDUAL	\$742.00
	INDIVIDUAL + SPOUSE	\$1,581.00
	INDIVIDUAL + CHILD(ren)	\$1,337.00
	FAMILY	\$2,082.00
<u>RETIREE UNDER 65</u> HIGH DEDUCTIBLE PPO PLAN	INDIVIDUAL	\$736.00
	INDIVIDUAL + SPOUSE	\$1,568.00
	INDIVIDUAL + CHILD(ren)	\$1,064.00
	FAMILY	\$1,781.00
<u>RETIREE OVER 65</u> PREFERRED PPO PLAN	INDIVIDUAL	\$782.81
	INDIVIDUAL + SPOUSE	\$1,667.96
	INDIVIDUAL + CHILD(ren)	\$1,410.54
	FAMILY	\$2,196.51
<u>RETIREE OVER 65</u> HIGH DEDUCTIBLE PPO PLAN	INDIVIDUAL	\$782.81
	INDIVIDUAL + SPOUSE	\$1,667.96
	INDIVIDUAL + CHILD(ren)	\$1,410.54
	FAMILY	\$2,196.51
DELTA DENTAL INSURANCE	COVERAGE TIER	MONTHLY RATES
<u>DENTAL PPO</u> BASE PLAN	INDIVIDUAL	\$23.80
	INDIVIDUAL + SPOUSE	\$55.32
	INDIVIDUAL + CHILD(ren)	\$55.32
	FAMILY	\$91.59
<u>DENTAL PPO</u> BUY UP PLAN	INDIVIDUAL	\$41.69
	INDIVIDUAL + SPOUSE	\$83.04
	INDIVIDUAL + CHILD(ren)	\$83.04
	FAMILY	\$139.65
<u>DENTAL HMO</u> HMO PLAN	INDIVIDUAL	\$11.83
	INDIVIDUAL + SPOUSE	\$23.73
	INDIVIDUAL + CHILD(ren)	\$23.73
	FAMILY	\$36.85
EYEMED VISION INSURANCE	COVERAGE TIER	MONTHLY RATES
<u>VISION PPO</u> BASE PLAN	INDIVIDUAL	\$4.74
	INDIVIDUAL + SPOUSE	\$12.15
	INDIVIDUAL + CHILD(ren)	\$12.15
	FAMILY	\$12.15
<u>VISION PPO</u> BUY UP PLAN	INDIVIDUAL	\$7.38
	INDIVIDUAL + SPOUSE	\$18.87
	INDIVIDUAL + CHILD(ren)	\$18.87
	FAMILY	\$18.87