

Health Insurance Monthly Rates

July 1, 2020 - June 30, 2021

<u>OPTIMA VANTAGE 10/20 HMO</u>	<u>TOTAL COST*</u>	<u>ODU RF PAYS*</u>	<u>EMPLOYEE PAYS</u>
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SINGLE	669.56	587.00	82.56
SINGLE+CHILDREN	970.39	788.73	181.66
SINGLE+SPOUSE	1377.59	1119.77	257.82
FAMILY	1949.48	1584.66	364.82

OPTIMA PLUS 20/20% PPO (IN AREA or OUT of AREA)

SINGLE	811.74	570.66	241.08
SINGLE+CHILDREN	1180.94	766.00	414.94
SINGLE+SPOUSE	1671.23	1086.29	584.94
FAMILY	2369.96	1538.04	831.92

TRICARE SUPPLEMENTAL

SINGLE	67.50	0	67.50
SINGLE+SPOUSE	132.50	0	132.50
SINGLE+CHILDREN	132.50	0	132.50
FAMILY	178.50	0	178.50

* In addition ODU RF pays .72 per month for enhanced Employee Assistance Benefits

VSP-VISION PROGRAM

SINGLE	6.84	5.16	1.68
SINGLE + 1*	11.51	8.69	2.82
SINGLE +CHILDREN	11.75	8.87	2.88
FAMILY	18.95	14.29	4.66

*Single + One refers to an employee + one minor or employee + spouse

MET LIFE DENTAL PPO

SINGLE	44.78	39.22	5.56
SINGLE+SPOUSE	82.05	63.53	18.52
SINGLE+CHILDREN	92.15	67.91	24.24
FAMILY	130.77	85.41	45.36