

## Health Insurance Monthly Rates

July 1, 2023 - June 30, 2024

<u>OPTIMA VANTAGE 10/20 HMO</u>	<u>TOTAL COST*</u>	<u>ODU RF PAYS*</u>	<u>EMPLOYEE PAYS</u>
SINGLE	725.18	622.54	102.64
SINGLE+CHILDREN	1051.01	825.17	225.84
SINGLE+SPOUSE	1492.03	1171.51	320.52
FAMILY	2111.43	1657.89	453.54

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

SINGLE	879.18	579.48	299.70
SINGLE+CHILDREN	1279.05	763.21	515.84
SINGLE+SPOUSE	1810.07	1082.89	727.18
FAMILY	2566.84	1532.62	1034.22

### 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

