

**Health Insurance Monthly
Rates
July 1, 2024 - June 30, 2025**

<u>OPTIMA VANTAGE 10/20 HMO</u>	<u>TOTAL COST*</u>	<u>ODU RF PAYS*</u>	<u>EMPLOYEE PAYS</u>
SINGLE	752.68	650.04	102.64
SINGLE+CHILDREN	1090.87	865.03	225.84
SINGLE+SPOUSE	1548.62	1228.10	320.52
FAMILY	2191.51	1737.97	453.54

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

SINGLE	912.46	612.76	299.70
SINGLE+CHILDREN	1327.47	811.63	515.84
SINGLE+SPOUSE	1878.59	1151.41	727.18
FAMILY	2664.01	1629.79	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