

**Health Insurance Monthly  
Rates  
July 1, 2025 - June 30, 2026**

<b><u>SENTARA VANTAGE 10/20 HMO</u></b>	<b><u>TOTAL COST*</u></b>	<b><u>ODU RF PAYS*</u></b>	<b><u>EMPLOYEE PAYS</u></b>
SINGLE	789.56	650.04	139.52
SINGLE+CHILDREN	1144.32	865.04	279.28
SINGLE+SPOUSE	1624.50	1228.10	396.40
FAMILY	2298.89	1737.97	560.92

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

SINGLE	957.17	612.77	344.40
SINGLE+CHILDREN	1392.52	811.64	580.88
SINGLE+SPOUSE	1970.64	1151.42	819.22
FAMILY	2794.55	1629.79	1164.76

**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

