

**Health Insurance Monthly  
Rates  
July 1, 2026 - June 30, 2027**

<b><u>SENTARA VANTAGE 25/50 HMO</u></b>	<b><u>TOTAL COST*</u></b>	<b><u>ODU RF PAYS*</u></b>	<b><u>EMPLOYEE PAYS</u></b>
SINGLE	826.37	686.85	139.52
SINGLE+CHILDREN	1,202.20	922.92	279.28
SINGLE+SPOUSE	1,701.33	1,304.93	396.40
FAMILY	2,412.66	1,851.74	560.92

**SENTARA PLUS 25/50 PPO (IN AREA or OUT of AREA)**

SINGLE	968.59	624.19	344.40
SINGLE+CHILDREN	1,409.10	828.22	580.88
SINGLE+SPOUSE	1,994.13	1,174.91	819.22
FAMILY	2,827.89	1,663.13	1,164.76

**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 2.00 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	46.12	40.56	5.56
SINGLE+SPOUSE	84.51	65.99	18.52
SINGLE+CHILDREN	94.91	70.67	24.24
FAMILY	134.69	89.33	45.36