# 2026-27 Benefits Plan Year Premiums Rate Sheet

**Rates effective from April 1, 2026 through March 31, 2027**

## MEDICAL

| *BlueCross BlueShield Medical High Deductible EPO Plan* | | |
|---|---|---|
| **Tier** | **Per Pay Period** | **Monthly** |
| **Employee Only** | $73.00 | $146.00 |
| **Employee & Spouse/Domestic Partner** | $416.50 | $833.00 |
| **Employee + Chil(ren)** | $149.00 | $298.00 |
| **Employee & Family** | $411.50 | $823.00 |
| **Employee & Family Dual Enrolled** | $214.50 | $429.00 |

| *BlueCross BlueShield Medical Preferred EPO Plan* | | |
|---|---|---|
| **Tier** | **Per Pay Period** | **Monthly** |
| **Employee Only** | $90.00 | $180.00 |
| **Employee & Spouse/Domestic Partner** | $466.50 | $933.00 |
| **Employee + Chil(ren)** | $308.00 | $616.00 |
| **Employee & Family** | $577.50 | $1,155.00 |
| **Employee & Family Dual Enrolled** | $385.50 | $771.00 |

## DENTAL

| *Delta Dental Base Plan* | | |
|---|---|---|
| **Tier** | **Per Pay Period** | **Monthly** |
| **Employee Only** | $11.90 | $23.80 |
| **Employee + 1 Dependent** | $27.66 | $55.32 |
| **Employee + 2 or more Dependents** | $45.80 | $91.59 |

| *Delta Dental Buy-Up Plan* | | |
|---|---|---|
| **Tier** | **Per Pay Period** | **Monthly** |
| **Employee Only** | $20.85 | $41.69 |
| **Employee + 1 Dependent** | $41.52 | $83.04 |
| **Employee + 2 or more Dependents** | $69.83 | $139.65 |

| *Delta Dental DHMO Plan* | | |
|---|---|---|
| **Tier** | **Per Pay Period** | **Monthly** |
| **Employee Only** | $5.92 | $11.83 |
| **Employee + 1 Dependent** | $11.87 | $23.73 |
| **Employee + 2 or more Dependents** | $18.43 | $36.85 |

## VISION

| *EyeMed Vision Base Plan* | | |
|---|---|---|
| **Tier** | **Per Pay Period** | **Monthly** |
| **Employee Only** | $2.49 | $4.98 |
| **Employee + Family** | $6.38 | $12.76 |

| *EyeMed Vision Buy-Up Plan* | | |
|---|---|---|
| **Tier** | **Per Pay Period** | **Monthly** |
| **Employee Only** | $3.88 | $7.75 |
| **Employee + Family** | $9.91 | $19.81 |

## APL GAP *(Note: Medical plan and Gap plan must be the same)*

| *APL GAP - High Deductible Plan* | | |
|---|---|---|
| **Tier** | **Per Pay Period** | **Monthly** |
| **Employee Only** | $22.26 | $44.51 |
| **Employee & Spouse/Domestic Partner** | $45.41 | $90.81 |
| **Employee & Child(ren)** | $38.89 | $77.77 |
| **Employee & Family** | $56.78 | $113.55 |

| APL GAP - Preferred Plan | | |
|---|---|---|
| Tier | Per Pay Period | Monthly |
| Employee Only | $18.19 | $36.37 |
| Employee & Spouse/Domestic Partner | $37.11 | $74.21 |
| Employee & Child(ren) | $31.77 | $63.53 |
| Employee & Family | $46.38 | $92.76 |

## Pet Insurance

| Pet Coverage - Benefit Solutions | | |
|---|---|---|
| Tier | Per Pay Period | Monthly |
| Single Pet | $5.88 | $11.76 |
| Multiple Pets | $9.25 | $18.50 |

## Legal Shield & ID Shield

| Legal Shield & ID Shield | | |
|---|---|---|
| Tier | Per Pay Period | Monthly |
| ID Shield Employee Only | $3.73 | $7.45 |
| ID Shield Family | $7.03 | $14.05 |
| ID Shield + LegalShield Employee Only | $11.73 | $23.45 |
| ID Shield + LegalShield Family | $14.53 | $29.05 |

## Aflac - Accident Supplemental Insurance

| Aflac Accidental Supplemental Insurance | | |
|---|---|---|
| Tier | Per Pay Period | Monthly |
| Employee Only | $5.18 | $10.36 |
| Employee & Spouse | $8.88 | $17.76 |
| Employee & Child(ren) | $10.22 | $20.44 |
| Employee & Family | $13.92 | $27.84 |

## Aflac - Hospital Supplemental Insurance

| *Aflac - Hospital Supplemental Insurance (LOW TIER)* | | |
|---|---|---|
| **Tier** | **Per Pay Period** | **Monthly** |
| **Employee Only** | $3.66 | $7.32 |
| **Employee & Spouse** | $7.87 | $15.74 |
| **Employee & Child(ren)** | $6.22 | $12.44 |
| **Employee & Family** | $10.43 | $20.86 |
| *Aflac - Hospital Supplemental Insurance (HIGH TIER)* | | |
| **Tier** | **Per Pay Period** | **Monthly** |
| **Employee Only** | $6.36 | $12.72 |
| **Employee & Spouse** | $12.82 | $25.64 |
| **Employee & Child(ren)** | $10.02 | $20.04 |
| **Employee & Family** | $16.48 | $32.96 |

## Aflac - Critical Illness

| *Aflac - Critical Illness (Employee/Spouse or Domestic Partner/Child(ren))* |
|---|
| **Rates will vary depending on your selected coverage.**<br>**Children will be covered at 50%** |

## CHUBB - Lifetime Benefit Term

| *CHUBB - Lifetime Benefit Term* |
|---|
| **Rates will vary depending on your selected coverage.** |

**To review full benefit details, please review the 2026-27 Benefits Guidebook**

**For inquiries, please contact the Benefits department at** loa@nova.edu