



2026-27 Benefits Plan Year Premiums Rate Sheet

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

MEDICAL

BlueCross BlueShield Medical High Deductible PPO 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 PPO 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 |

| <i>Delta Dental Buy-Up Plan</i> | | |
|--|-----------------------|----------------|
| 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 |

| <i>Delta Dental DHMO Plan</i> | | |
|--|-----------------------|----------------|
| 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

| <i>EyeMed Vision Base Plan</i> | | |
|---------------------------------------|-----------------------|----------------|
| Tier | Per Pay Period | Monthly |
| Employee Only | \$2.49 | \$4.98 |
| Employee + Family | \$6.38 | \$12.76 |

| <i>EyeMed Vision Buy-Up Plan</i> | | |
|---|-----------------------|----------------|
| Tier | Per Pay Period | Monthly |
| Employee Only | \$3.88 | \$7.75 |
| Employee + Family | \$9.91 | \$19.81 |

APL GAP

| <i>APL GAP - High Deductible Plan</i> | | |
|---|-----------------------|----------------|
| 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 |

| <i>APL GAP - Preferred Plan</i> | | |
|---|-----------------------|----------------|
| 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

| <i>Pet Coverage - Benefit Solutions</i> | | |
|--|-----------------------|----------------|
| Tier | Per Pay Period | Monthly |
| Single Pet | \$5.88 | \$11.76 |
| Multiple Pets | \$9.25 | \$18.50 |

Legal Shield & ID Shield

| <i>Legal Shield & ID Shield</i> | | |
|--|-----------------------|----------------|
| 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

| <i>Aflac Accidental Supplemental Insurance</i> | | |
|---|-----------------------|----------------|
| 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

| <i>Aflac - Hospital Supplemental Insurance (LOW TIER)</i> | | |
|---|----------------|---------|
| 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 |

| <i>Aflac - Hospital Supplemental Insurance (HIGH TIER)</i> | | |
|--|----------------|---------|
| 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.

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

