



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 - Preferred 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

APL GAP - High Deductible 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

<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

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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