



2026-27 Benefits Plan Year Premiums Rate Sheet

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

MEDICAL

<i>BlueCross BlueShield Medical High Deductible PPO Plan</i>		
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

<i>BlueCross BlueShield Medical Preferred PPO Plan</i>		
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

<i>Delta Dental Base Plan</i>		
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

<i>APL GAP - High Deductible 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

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

CHUBB - Lifetime Benefit Term

<i>CHUBB - Lifetime Benefit Term</i>
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