



## SUMMARY OF MONTHLY PREMIUMS 2025 PLAN YEAR

*The City of Newport News is pleased to offer a variety of benefit options and coverage levels to assist you in meeting the health care needs of you and your family.*

### SENTARA HEALTH - MEDICAL INSURANCE PLAN OPTIONS

Tier	ACTIVE HDHP - 72824			ACTIVE POS - 72823	
	Employee Share	City Share	HSA Contribution	Employee Share	City Share
Employee Only	\$0.00	\$609.24	\$62.50	\$66.00	\$679.22
Employee + 1 Child	\$25.00	\$964.10	\$125.00	\$147.00	\$1,062.86
Employee + Spouse	\$50.00	\$1,239.04	\$125.00	\$200.00	\$1,376.75
Employee + Family	\$76.00	\$1,629.85	\$125.00	\$245.00	\$1,841.58

  

	In Network	Out of Network	In Network	Out of Network
Annual Deductible	\$3,300/\$6,600	\$4,000/\$8,000	\$250/\$500	\$750/\$1500
Coinsurance	0%	20%	20%	30%
Out of Pocket Maximum	\$4,000/\$8,000	\$5,000/\$10,000	\$3,000/\$6,000	\$4,000/\$8,000

### DELTA DENTAL - DENTAL INSURANCE

Tier	PPO PLUS PREMIER		ANNUAL DEDUCTIBLE
	Employee Share	City Share	
Employee Only	\$8.28	\$21.42	<i>Annual Deductible \$50 per person; \$150 per family, per calendar year. Annual Maximum \$2,500 per enrollee, per calendar year.</i>
Employee + 1	\$15.52	\$38.92	
Employee + Family	\$25.88	\$66.90	

### VSP SIGNATURE NETWORK - VISION INSURANCE

Tier	FULL SERVICE COVERAGE		ANNUAL EXAM ONLY COVERAGE
	Employee Share	City Share	Employee Share
Employee Only	\$8.00	\$1.00	\$0.00
Employee + 1	\$13.00	\$2.00	All Full-Time Employees Are Eligible For An Annual Eye Exam at no cost.
Employee + Family	\$23.00	\$2.00	



**Questions?** Contact the Department of Human Resources Benefits Division at (757) 926-1850 or email us at [HRBenefits@nnva.gov](mailto:HRBenefits@nnva.gov).