

BUILDING THE Benefits YOU LOVE



PLAN YEAR 2026 SUMMARY OF MONTHLY PREMIUMS

SENTARA HEALTH - MEDICAL INSURANCE PLAN OPTIONS

ACTIVE HDHP - 72824

Tier	Employee Share	City Share	HSA Contribution
Employee Only	\$0.00	\$703.68 (351.84)	\$62.50
Employee + 1 Child	\$26.00 (13.00)	\$1116.42 (558.21)	\$125.00
Employee + Spouse	\$53.00 (26.50)	\$1435.84 (717.92)	\$125.00
Employee + Family	\$80.00 (40.00)	\$1890.26 (945.13)	\$125.00

ACTIVE POS - 72823

Tier	Employee Share	City Share
Employee Only	\$66.00 (33.00)	\$794.74 (397.37)
Employee + 1 Child	\$154.00 (77.00)	\$1243.40 (621.70)
Employee + Spouse	\$210.00 (105.00)	\$1611.16 (805.58)
Employee + Family	\$257.00 (128.50)	\$2153.00 (1076.50)

	In Network	Out of Network	In Network	Out of Network
Annual Deductible	\$3,400/\$6,800	\$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

PPO PLUS PREMIER

Tier	Employee Share	City Share
Employee Only	\$8.28 (4.14)	\$21.42 (10.71)
Employee + 1	\$15.52 (7.76)	\$38.92 (19.46)
Employee + Family	\$25.88 (12.94)	\$66.90 (33.45)

Annual Deductible \$50 per person; \$150 per family, per calendar year. Annual Maximum \$2,500 per enrollee, per calendar year.

VSP SIGNATURE NETWORK - VISION INSURANCE

FULL SERVICE COVERAGE

Tier	Employee Share	City Share
Employee Only	\$8.00 (4.00)	\$1.00
Employee + 1	\$13.00 (6.50)	\$2.00
Employee + Family	\$23.00 (11.50)	\$2.00

ANNUAL EXAM ONLY COVERAGE

Employee Share
\$0.00

All full-time employees are eligible for an Annual Eye Exam at no cost.



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

