



SUMMARY OF MONTHLY PREMIUMS 2024 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.

OPTIMA HEALTH - MEDICAL INSURANCE PLAN OPTIONS

Tier	ACTIVE EQUITY HDHP - 72824			ACTIVE POS - 72823	
	Employee Share	City Share	HSA Contribution	Employee Share	City Share
Employee Only	\$0.00	\$583.25	\$62.50	\$66.00	\$643.26
Employee + 1 Child	\$24.00	\$922.91	\$125.00	\$140.00	\$1,011.48
Employee + Spouse	\$48.00	\$1,186.06	\$125.00	\$190.00	\$1,310.66
Employee + Family	\$72.00	\$1,561.09	\$125.00	\$233.00	\$1,752.89

	In Network	Out of Network	In Network	Out of Network
Annual Deductible	\$3,200/\$6,400	\$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	Annual Deductible \$50 per person; \$150 per family, per calendar year. Annual Maximum \$2,500 per enrollee, per calendar year.
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 HRBenefits@nnva.gov.

