

# Proposed 2026 - 2027 Employee Monthly Premiums



Salaried employees working 30 hours or more a week pay the “Employee Pays” amount.  
Salaried employees working less than 30 hours a week pay the “Total Premium” amount.

**PREMIUM AND PLAN BENEFITS MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL.**

HEALTH CARE PLANS		2025-2026 MONTHLY PREMIUMS			PROPOSED 2026-2027 MONTHLY PREMIUMS			
		You Only	You Plus One	You Plus Two or More	You Only	You Plus One	You Plus Two or More	
COVA Care		Employee Pays	\$108	\$248	\$340	\$123	\$285	\$394
		State Pays	\$830	\$1,488	\$2,179	\$973	\$1,745	\$2,553
		<b>Total Premium</b>	<b>\$938</b>	<b>\$1,736</b>	<b>\$2,519</b>	<b>\$1,096</b>	<b>\$2,030</b>	<b>\$2,947</b>
COVA Care	+ Out-of-Network	Employee Pays	\$131	\$291	\$402	\$151	\$338	\$469
		State Pays	\$830	\$1,488	\$2,179	\$973	\$1,745	\$2,553
		<b>Total Premium</b>	<b>\$961</b>	<b>\$1,779</b>	<b>\$2,581</b>	<b>\$1,124</b>	<b>\$2,083</b>	<b>\$3,022</b>
COVA Care	+ Expanded Dental	Employee Pays	\$141	\$308	\$428	\$156	\$345	\$482
		State Pays	\$830	\$1,488	\$2,179	\$973	\$1,745	\$2,553
		<b>Total Premium</b>	<b>\$971</b>	<b>\$1,796</b>	<b>\$2,607</b>	<b>\$1,129</b>	<b>\$2,090</b>	<b>\$3,035</b>
COVA Care	+ Out-of-Network + Expanded Dental	Employee Pays	\$164	\$351	\$490	\$184	\$398	\$557
		State Pays	\$830	\$1,488	\$2,179	\$973	\$1,745	\$2,553
		<b>Total Premium</b>	<b>\$994</b>	<b>\$1,839</b>	<b>\$2,669</b>	<b>\$1,157</b>	<b>\$2,143</b>	<b>\$3,110</b>
COVA Care	+ Expanded Dental + Vision & Hearing	Employee Pays	\$161	\$345	\$482	\$176	\$382	\$536
		State Pays	\$830	\$1,488	\$2,179	\$973	\$1,745	\$2,553
		<b>Total Premium</b>	<b>\$991</b>	<b>\$1,833</b>	<b>\$2,661</b>	<b>\$1,149</b>	<b>\$2,127</b>	<b>\$3,089</b>
COVA Care	+ Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$184	\$388	\$544	\$204	\$435	\$611
		State Pays	\$830	\$1,488	\$2,179	\$973	\$1,745	\$2,553
		<b>Total Premium</b>	<b>\$1,014</b>	<b>\$1,876</b>	<b>\$2,723</b>	<b>\$1,177</b>	<b>\$2,180</b>	<b>\$3,164</b>
COVA HealthAware		Employee Pays	\$19	\$64	\$70	\$29	\$110	\$141
		State Pays	\$830	\$1,511	\$2,215	\$981	\$1,762	\$2,579
	<b>Total Premium</b>	<b>\$849</b>	<b>\$1,575</b>	<b>\$2,285</b>	<b>\$1,010</b>	<b>\$1,872</b>	<b>\$2,720</b>	
COVA HealthAware	+ Expanded Dental	Employee Pays	\$52	\$124	\$158	\$62	\$170	\$229
		State Pays	\$830	\$1,511	\$2,215	\$981	\$1,762	\$2,579
		<b>Total Premium</b>	<b>\$882</b>	<b>\$1,635</b>	<b>\$2,373</b>	<b>\$1,043</b>	<b>\$1,932</b>	<b>\$2,808</b>
COVA HealthAware	+ Expanded Dental & Vision	Employee Pays	\$62	\$144	\$186	\$72	\$190	\$257
		State Pays	\$830	\$1,511	\$2,215	\$981	\$1,762	\$2,579
		<b>Total Premium</b>	<b>\$892</b>	<b>\$1,655</b>	<b>\$2,401</b>	<b>\$1,053</b>	<b>\$1,952</b>	<b>\$2,836</b>
COVA HDHP		Employee Pays	\$0	\$0	\$0	\$0	\$0	\$0
		State Pays	\$739	\$1,366	\$1,998	\$922	\$1,708	\$2,492
	<b>Total Premium</b>	<b>\$739</b>	<b>\$1,366</b>	<b>\$1,998</b>	<b>\$922</b>	<b>\$1,708</b>	<b>\$2,492</b>	
COVA HDHP	+ Expanded Dental	Employee Pays	\$33	\$60	\$88	\$33	\$60	\$88
		State Pays	\$739	\$1,366	\$1,998	\$922	\$1,708	\$2,492
		<b>Total Premium</b>	<b>\$772</b>	<b>\$1,426</b>	<b>\$2,086</b>	<b>\$955</b>	<b>\$1,768</b>	<b>\$2,580</b>
Kaiser Permanente HMO <small>(available primarily in Northern Virginia)</small>	+ Expanded Dental & Vision	Employee Pays	\$91	\$214	\$306	\$106	\$251	\$360
		State Pays	\$830	\$1,479	\$2,161	\$894	\$1,586	\$2,317
		<b>Total Premium</b>	<b>\$921</b>	<b>\$1,693</b>	<b>\$2,467</b>	<b>\$1,000</b>	<b>\$1,837</b>	<b>\$2,677</b>
Sentara Health Plans (HMO) <small>(Hampton Roads/Eastern Shore)</small>	+ Expanded Dental & Vision	Employee Pays	\$91	\$214	\$306	\$106	\$251	\$360
		State Pays	\$816	\$1,464	\$2,125	\$904	\$1,617	\$2,345
		<b>Total Premium</b>	<b>\$907</b>	<b>\$1,678</b>	<b>\$2,431</b>	<b>\$1,010</b>	<b>\$1,868</b>	<b>\$2,705</b>
TRICARE Voluntary Supplement*		Total Premium	\$61	\$120	\$161**	\$61	\$120	\$161**

\* New York residents contact the Office of Health Benefits for TRICARE premium amount

\*\*If an employee covers multiple children without a spouse the rate is \$120