

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