

Final 2025 - 2026 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.

HEALTH CARE PLANS		2024-2025 MONTHLY PREMIUMS			FINAL 2025-2026 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	\$103	\$236	\$323	\$108	\$248	\$340
		State Pays	\$783	\$1,404	\$2,056	\$830	\$1,488	\$2,179
		Total Premium	\$886	\$1,640	\$2,379	\$938	\$1,736	\$2,519
COVA Care	+ Out-of-Network	Employee Pays	\$124	\$275	\$380	\$131	\$291	\$402
		State Pays	\$783	\$1,404	\$2,056	\$830	\$1,488	\$2,179
		Total Premium	\$907	\$1,679	\$2,436	\$961	\$1,779	\$2,581
COVA Care	+ Expanded Dental	Employee Pays	\$136	\$296	\$411	\$141	\$308	\$428
		State Pays	\$783	\$1,404	\$2,056	\$830	\$1,488	\$2,179
		Total Premium	\$919	\$1,700	\$2,467	\$971	\$1,796	\$2,607
COVA Care	+ Out-of-Network + Expanded Dental	Employee Pays	\$157	\$335	\$468	\$164	\$351	\$490
		State Pays	\$783	\$1,404	\$2,056	\$830	\$1,488	\$2,179
		Total Premium	\$940	\$1,739	\$2,524	\$994	\$1,839	\$2,669
COVA Care	+ Expanded Dental + Vision & Hearing	Employee Pays	\$156	\$333	\$465	\$161	\$345	\$482
		State Pays	\$783	\$1,404	\$2,056	\$830	\$1,488	\$2,179
		Total Premium	\$939	\$1,737	\$2,521	\$991	\$1,833	\$2,661
COVA Care	+ Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$177	\$372	\$522	\$184	\$388	\$544
		State Pays	\$783	\$1,404	\$2,056	\$830	\$1,488	\$2,179
		Total Premium	\$960	\$1,776	\$2,578	\$1,014	\$1,876	\$2,723
COVA HealthAware		Employee Pays	\$17	\$53	\$54	\$19	\$64	\$70
		State Pays	\$768	\$1,404	\$2,056	\$830	\$1,511	\$2,215
	Total Premium	\$785	\$1,457	\$2,110	\$849	\$1,575	\$2,285	
COVA HealthAware	+ Expanded Dental	Employee Pays	\$50	\$113	\$142	\$52	\$124	\$158
		State Pays	\$768	\$1,404	\$2,056	\$830	\$1,511	\$2,215
		Total Premium	\$818	\$1,517	\$2,198	\$882	\$1,635	\$2,373
COVA HealthAware	+ Expanded Dental & Vision	Employee Pays	\$60	\$133	\$170	\$62	\$144	\$186
		State Pays	\$768	\$1,404	\$2,056	\$830	\$1,511	\$2,215
		Total Premium	\$828	\$1,537	\$2,226	\$892	\$1,655	\$2,401
COVA HDHP		Employee Pays	\$0	\$0	\$0	\$0	\$0	\$0
		State Pays	\$665	\$1,239	\$1,810	\$739	\$1,366	\$1,998
	Total Premium	\$665	\$1,239	\$1,810	\$739	\$1,366	\$1,998	
COVA HDHP	+ Expanded Dental	Employee Pays	\$33	\$60	\$88	\$33	\$60	\$88
		State Pays	\$665	\$1,239	\$1,810	\$739	\$1,366	\$1,998
		Total Premium	\$698	\$1,299	\$1,898	\$772	\$1,426	\$2,086
Kaiser Permanente HMO <small>(available primarily in Northern Virginia)</small>	+ Expanded Dental & Vision	Employee Pays	\$86	\$202	\$289	\$91	\$214	\$306
		State Pays	\$783	\$1,395	\$2,038	\$830	\$1,479	\$2,161
		Total Premium	\$869	\$1,597	\$2,327	\$921	\$1,693	\$2,467
Sentara Health Plans (HMO) <small>(Hampton Roads/Eastern Shore)</small>	+ Expanded Dental & Vision	Employee Pays	\$86	\$202	\$289	\$91	\$214	\$306
		State Pays	\$769	\$1,382	\$2,004	\$816	\$1,464	\$2,125
		Total Premium	\$855	\$1,584	\$2,293	\$907	\$1,678	\$2,431
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