

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