

Monthly Premiums Effective July 1, 2025 - June 30, 2026

The following chart includes your plan choices* and associated premiums for the new plan year. The shaded premiums are eligible for reduction by earning a Premium Reward.

18 or 36-Monthly Extended Coverage/COBRA Participants

	Single	Two-Person	Family
COVA Care (with preventive dental)	\$956.76	\$1,770.72	\$2,569.38
COVA Care + Out-of-Network	\$980.22	\$1,814.58	\$2,632.62
COVA Care + Expanded Dental	\$990.42	\$1,831.92	\$2,659.14
COVA Care + Out-of-Network + Expanded Dental	\$1,013.88	\$1,875.78	\$2,722.38
COVA Care + Expanded Dental + Vision and Hearing	\$1,010.82	\$1,869.66	\$2,714.22
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$1,034.28	\$1,913.52	\$2,777.46
COVA HealthAware (with preventive dental)	\$865.98	\$1,606.50	\$2,330.70
COVA HealthAware + Expanded Dental	\$899.64	\$1,667.70	\$2,420.46
COVA HealthAware + Expanded Dental & Vision	\$909.84	\$1,688.10	\$2,449.02
COVA HDHP (with preventive dental)	\$753.78	\$1,393.32	\$2,037.96
COVA HDHP + Expanded Dental	\$787.44	\$1,454.52	\$2,127.72
Kaiser Permanente HMO*+ Dental & Vision	\$939.42	\$1,726.86	\$2,516.34
Sentara Health Plans HMO* + Dental & Vision	\$925.14	\$1,711.56	\$2,479.62

29-Month (11-Month Disability Extension) Extended Coverage/COBRA Participants

	Single	Two-Person	Family
COVA Care (with preventive dental)	\$1,407.00	\$2,604.00	\$3,778.50
COVA Care + Out-of-Network	\$1,441.50	\$2,668.50	\$3,871.50
COVA Care + Expanded Dental	\$1,456.50	\$2,694.00	\$3,910.50
COVA Care + Out-of-Network + Expanded Dental	\$1,491.00	\$2,758.50	\$4,003.50
COVA Care + Expanded Dental + Vision and Hearing	\$1,486.50	\$2,749.50	\$3,991.50
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$1,521.00	\$2,814.00	\$4,084.50
COVA HealthAware (with preventive dental)	\$1,273.50	\$2,362.50	\$3,427.50
COVA HealthAware + Expanded Dental	\$1,323.00	\$2,452.50	\$3,559.50
COVA HealthAware + Expanded Dental & Vision	\$1,338.00	\$2,482.50	\$3,601.50
COVA HDHP (with preventive dental)	\$1,108.50	\$2,049.00	\$2,997.00
COVA HDHP + Expanded Dental	\$1,158.00	\$2,139.00	\$3,129.00
Kaiser Permanente HMO*+ Dental & Vision	\$1,381.50	\$2,539.50	\$3,700.50
Sentara Health Plans HMO* + Dental & Vision	\$1,360.50	\$2,517.00	\$3,646.50

*Kaiser Permanente HMO and Optima Health Vantage HMO are only available to participants living in the plans' defined services areas. If you enroll in one of these plans but do not live in the service area, you will be required to change plans. Contact Kaiser or Optima directly for specific information.