

# 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<br>MONTHLY PREMIUMS |                |                      | PROPOSED 2026-2027<br>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<br>+ 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<br>+ 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<br>+ Expanded Dental<br>+ 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<br>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<br><small>(available primarily in Northern Virginia)</small> | + Expanded<br>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)<br><small>(Hampton Roads/Eastern Shore)</small>         | + Expanded<br>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> |
| <b>TRICARE Voluntary Supplement*</b>   |   | <b>Total Premium</b>          | <b>\$61</b>    | <b>\$120</b>         | <b>\$161**</b>                         | <b>\$61</b>    | <b>\$120</b>         | <b>\$161**</b> |

\* 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