

# Proposed 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.

**PREMIUM AND PLAN BENEFITS MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL.**

HEALTH CARE PLANS			2024-2025 MONTHLY PREMIUMS			PROPOSED 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	\$87 \$1,488 \$1,575	\$106 \$2,179 \$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	\$147 \$1,488 \$1,635	\$194 \$2,179 \$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	\$167 \$1,488 \$1,655	\$222 \$2,179 \$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