Non-Medicare Retiree Monthly Premiums July 1, 2025 - June 30, 2026

The following chart includes your plan choices and monthly premiums starting July 1, 2025. If you enroll in either a COVA Care or COVA HealthAware Plan, the premiums (see shaded premiums) can be reduced by completing the requirement to earn a premium reward. See more in the non-Medicare retiree rate notification.

		Two-	
Plan	Single	Person	Family
COVA Care (with preventive dental)	\$938	\$1,736	\$2,519
COVA Care + Out-of-Network	\$961	\$1,779	\$2,581
COVA Care + Expanded Dental	\$971	\$1,796	\$2,607
COVA Care + Out-of-Network + Expanded Dental	\$994	\$1,839	\$2,669
COVA Care + Expanded Dental + Vision and Hearing	\$991	\$1,833	\$2,661
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$1,014	\$1,876	\$2,723
COVA HealthAware (with preventive dental)	\$849	\$1,575	\$2,285
COVA HealthAware + Expanded Dental	\$882	\$1,635	\$2,373
COVA HealthAware + Expanded Dental & Vision	\$892	\$1,655	\$2,401
COVA HDHP (with preventive dental)	\$739	\$1,366	\$1,998
COVA HDHP + Expanded Dental	\$772	\$1,426	\$2,086
Kaiser Permanente HMO* + Dental & Vision	\$921	\$1,693	\$2,467
Sentara Health Plans HMO* + Expanded Dental & Vision	\$907	\$1,678	\$2,431
TRICARE Voluntary Supplement**	\$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

*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.