

COMMONWEALTH OF VIRGINIA STATE HEALTH BENEFITS PROGRAM

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		FINAL 2025-2026 MONTHLY PREMIUMS			
		You Only	You Plus One	You Plus Two or More	
COVA Care		Employee Pays State Pays Total Premium	\$108 \$830 \$938	\$248 \$1,488 \$1,736	\$340 \$2,179 \$2,519
COVA Care	+ Out-of-Network	Employee Pays State Pays Total Premium	\$131 \$830 \$961	\$291 \$1,488 \$1,779	\$402 \$2,179 \$2,581
COVA Care	+ Expanded Dental	Employee Pays State Pays Total Premium	\$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	\$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	\$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	\$184 \$830 \$1,014	\$388 \$1,488 \$1,876	\$544 \$2,179 \$2,723
COVA HealthAware		Employee Pays State Pays Total Premium	\$19 \$830 \$849	\$64 \$1,511 \$1,575	\$70 \$2,215 \$2,285
COVA HealthAware	+ Expanded Dental	Employee Pays State Pays Total Premium	\$52 \$830 \$882	\$124 \$1,511 \$1,635	\$158 \$2,215 \$2,373
COVA HealthAware	+ Expanded Dental & Vision	Employee Pays State Pays Total Premium	\$62 \$830 \$892	\$144 \$1,511 \$1,655	\$186 \$2,215 \$2,401
COVA HDHP		Employee Pays State Pays Total Premium	\$0 \$739 \$739	\$0 \$1,366 \$1,366	\$0 \$1,998 \$1,998
COVA HDHP	+ Expanded Dental	Employee Pays State Pays Total Premium	\$33 \$739 \$772	\$60 \$1,366 \$1,426	\$88 \$1,998 \$2,086
Kaiser Permanente HMO <i>(available primarily in Northern Virginia)</i>	+ Expanded Dental & Vision	Employee Pays State Pays Total Premium	\$91 \$830 \$921	\$214 \$1,479 \$1,693	\$306 \$2,161 \$2,467
Sentara Health Plans (HMO) <i>(Hampton Roads/ Eastern Shore)</i>	+ Expanded Dental & Vision	Employee Pays State Pays Total Premium	\$91 \$816 \$907	\$214 \$1,464 \$1,678	\$306 \$2,125 \$2,431
TRICARE Voluntary Supplement*		Total Premium	\$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